

**EVALUATION OF THE UNAIDS INTER-COUNTRY TEAM FOR  
WESTERN AND CENTRAL AFRICA (ICT/WCA)**

Final report prepared by Giles Whitcomb  
Geneva  
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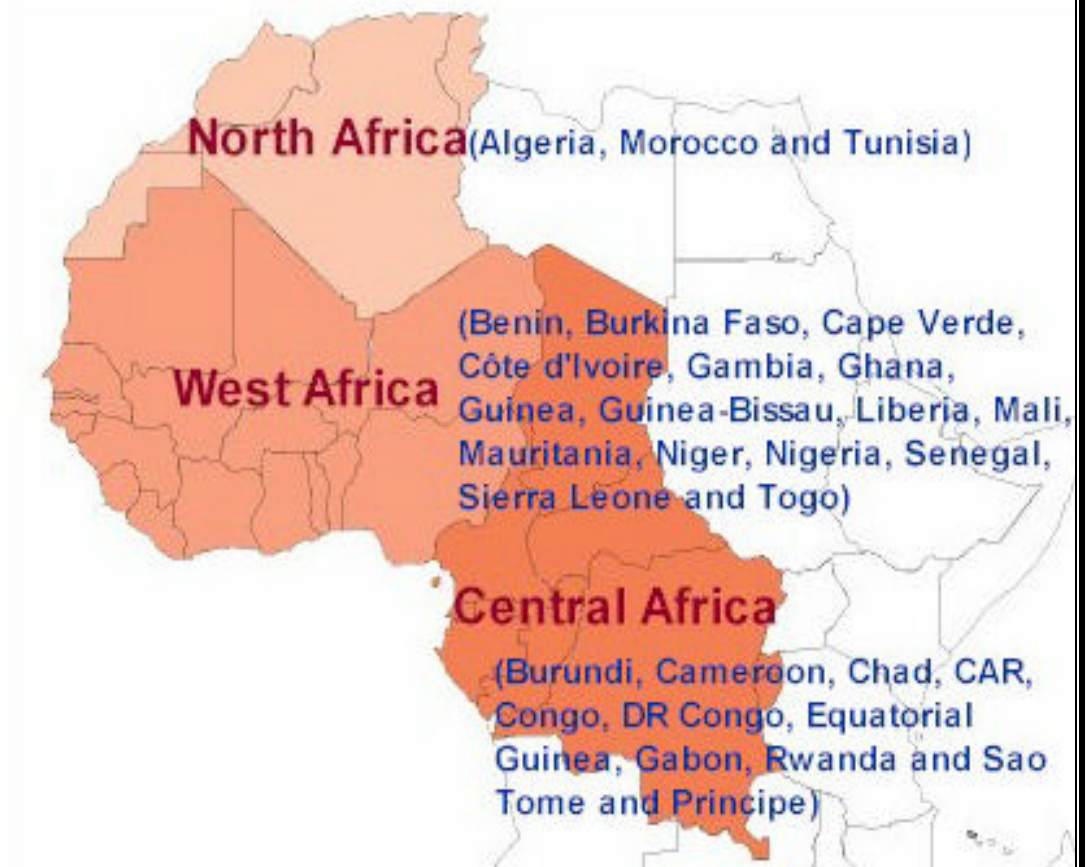
**Abstract.**

This first evaluation of the ICT/WCA, to be undertaken since the Team was established in late 1996, assesses the relevance, effectiveness and efficiency of the Team and makes recommendations on its future direction. PSR initiated the evaluation, which was supported by the UNAIDS Evaluation and Monitoring Team and carried out by an external evaluator. The ICT/WCA participated in all phases. Data was collected through some forty interviews in Abidjan, Ouagadougou, Geneva, forty-one responses to a questionnaire, and study of documents.

The evaluation report focuses on the Team's role and relationships, its perceived usefulness, its geographical coverage, and other factors bearing on its effectiveness. The main recommendations concern: greater clarity on the ICT/WCA's relationships within the UNAIDS mechanism; possibly expanding the mandate to include facilitating coordination of regional responses to HIV/AIDS; strengthening the Team's capacity to mobilize resources and to provide effective consultants; more rigorous prioritization and assessment of outcome from the Team's work; addressing constraints in English to French translation; enabling broader interaction between the ICT/WCA and UNAIDS Secretariat.

The evaluation concludes that in its four years of existence, through hard work, some trial and error, with uneven visibility and understanding of its role both within and outside UNAIDS, the Team has earned recognition of achievement and usefulness on several aspects of its work, in certain parts of its region. The evaluation finds little questioning of the Team as a regional UNAIDS asset of value or of potential value. The thrust of comments received was for the Team to do more, more thoroughly and in more countries. The needs in the region are numerous, diverse and pressing. How the Team chooses amongst these, and how effectively the Team follows through on its own choices will determine its future usefulness. In a sense as much will depend on how it works as what it works on.

## Geographical coverage (29 countries)



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## **INTRODUCTION**

### **Acknowledgments**

The author of this report wishes to express his gratitude to all those – especially persons within the Western and Central Africa region itself - who gave time and thought to this evaluation. Particular recognition is due to each member of the Inter-country Team for Western and Central Africa who under the leadership of Dr. Pierre M’Pélé welcomed and engaged their visitors in a manner at once personable, constructive and collegial. The help and insights of Dr. Kekoura Kourouma who guided the mission in Ouagadougou are acknowledged gratefully. Special thanks are owed to Mr. Robert Hecht, Associate Director of PSR, and to Iris Semini also of PSR, for their initiatives, substantive guidance and administrative support. Finally, Mr. Joel Renstrohm, later assisted by Ms. Nicole Massoud, both of the UNAIDS Evaluation and Monitoring Team, are recognized with gratitude for their conceptual and technical involvement in the formulation and conduct of the evaluation.

### **Organization of the Report**

There are four parts to the report: a summary, the report proper, one attachment and five annexes. The summary covers the report’s main aspects. The report details the background and conduct of the evaluation, findings, conclusions, and recommendations. The attachment bears directly on the content of the report. The annexes comprise references and resources used in the evaluation.

**EVALUATION OF THE UNAIDS INTER-COUNTRY TEAM FOR WESTERN AND CENTRAL AFRICA (ICT/WCA)**

**SUMMARY**

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## **EVALUATION OF THE UNAIDS INTER-COUNTRY TEAM FOR WESTERN AND CENTRAL AFRICA (ICT/WCA)**

### **SUMMARY**

#### **The Evaluation.**

This was the first evaluation of the work of the UNAIDS Inter-Country Team (ICT/WCA) since the Team was established in October 1996. The evaluation was initiated by the Department of Policy, Strategy and Research (PSR) in consultation with the Inter-Country Team Leader, supported by the UNAIDS Evaluation and Monitoring Team and carried out by an external evaluator. The primary purpose of the evaluation was to assess the relevance, effectiveness and efficiency of the ICT/WCA and make recommendations on the future direction of the Team.

So as to limit the cost and burden of the evaluation, travel (ten days) was only to the Ivory Coast (base of the ICT/WCA) and to Burkina Faso. Some forty interviews were held there, and with five UNAIDS staff in Geneva. Data was also collected from documents and by means of a questionnaire and follow-up telephone interviews with respondents in some cases. The questionnaire's four main components: 1) The relevance now of the Team's original mandate, 2) the relevance of the Team's priority areas, 3) the Team's usefulness, 4) free form opinions on the Team. The questionnaire was sent to seventy-one addressees in nineteen of the twenty-seven countries in the WCA region, in Geneva and elsewhere. Forty-one have been returned. Updates on the progress of the evaluation and initial findings were twice provided for circulation and comment. A draft of the report was circulated to relevant UNAIDS staff members for feedback before finalization.

#### **Organizational and Regional Context of the Team.**

A feasibility study preceded the Team's establishment in late 1996. The ICT/WCA was administratively in the Department of Country Planning and Program Development (CPP) until 1998, then transferred to PSR. Initially, there were four professional staff on the Team; a total of eight, variously contracted, are planned for by end 2000. The ICT/WCA's annual budget has been between \$1-1.5m, of which slightly less than half came from external funding for the Team's work in connection with the West African Initiative (see below). The Team's mission<sup>1</sup> is essentially the same now as in 1996:

- To facilitate existing inter-country initiatives or networks and develop new mechanisms of exchange and collaboration;
- To provide technical support from the sub-region and through the team itself to the different stake holders of the HIV/AIDS response in the sub-region; and
- To mobilize resources for priority and innovative actions in the sub-region.

Virtually since its establishment, the Team has also been the Co-ordinating Unit for the West African Initiative (WAI) – at its request. The WAI was started with World Bank and WHO support in 1995. Eighteen countries and two regional organizations are in the WAI, which aims to promote inter-country dialogue, foster co-operation, support benchmark projects, and encourage expanded response to AIDS.

There are twenty-nine countries<sup>2</sup> (two added in 2000) in the Team's region. Five countries are anglophone, the rest francophone. The region counts eight Country Program Advisers (CPAs) assigned to ten of the countries, and two National Program Advisers (NPAs). At the end of 1999, the HIV prevalence (%) in the region's adults (15-49yrs) was 5-10% in ten countries and 10- 14% in four countries – placing these four among the world's sixteen worst affected<sup>3</sup>. The Human Development Index<sup>4</sup> (HDI) of the UNDP Human Development Report (2000) ranks ten of the countries

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<sup>1</sup> This mission statement, taken from the Team's Budget Proposal and Work Plan 2000-2001 is the same as that given in the Team's Plan of Action for 1997. Wording and phrasing differ in other documents reviewed.

<sup>2</sup> The geographical region of the Inter-Country Team comprises the following countries in the following three subregions (anglophone countries in italics): **North Africa:** Algeria, Morocco, Tunisia; **West Africa:** Benin, Burkina Faso, Cape Verde, *Gambia* (as of 2000), *Ghana*, Guinea, Guinea Bissau, Ivory Coast, *Liberia*, Mali, Mauritania, Niger, *Nigeria*, *Sierra Leone*, Senegal, Togo; **Central Africa:** Chad, Central African Republic, Cameroon, Congo, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Sao Tome, and as of 2000, Burundi, Rwanda.

<sup>3</sup> UNAIDS Report on the global HIV/AIDS epidemic (June 2000)

<sup>4</sup> The HDI measures a country's achievements in terms of life expectancy, educational attainment and adjusted real income.

between 101-139 on a scale of 1-174; the Index ranks the remaining nineteen among the scale's thirty lowest. Some half dozen countries of the region have suffered intra or inter-state violence since the Team was established.

### **Overall Finding.**

From its start in October 1996, the ICT/WCA has had to find a regional role for itself that was not administrative or hierarchical in the UNAIDS organization, that did not duplicate the work of other regional organizations, and that did not infringe on the responsibilities of UNAIDS Theme Groups and CPAs and of officials of national aid programs. In its first years, it was to do this against the backdrop of a major organizational shift in how the United Nations system addressed the AIDS problem. The Team's size was small (and still is) relative to the scope of its mandate and the diversity and size of the region it was to cover. There were changing views on what the Team was to do and who was its priority audience or clientele. There were delays and lack of understanding between the Team and UNAIDS-Geneva on administrative, financial and personnel procedures. The Team worked in a physical space too small and cramped for the Team's needs and lacked facilities for meetings, consultation of documentation and operation of computer-based information and networking staff and equipment<sup>5</sup>.

The increasing international mobilization of the AIDS community on the situation in Africa and the consequent events, conferences, projects, new organizations and initiatives in the region seems initially to have forced the Team into a reactive mode – dealing with upcoming urgent events and urgent requests within the region and from the UNAIDS Secretariat, making it difficult to focus on its own plan of action. The Workplan for 1998-99 changed significantly in 1998 when the ICT/WCA “transferred” from CPP to PSR. The evaluation found that the ICT/WCA was recognized as being responsive and adaptive in what it took on or was asked to take on, but at the price of struggling to meet conflicting priorities, and having difficulty at times in following through fully on some of its undertakings. The Team was also recognized for the consistent professionalism and the hard work and commitment of its individual members.

Over time, a number of positive factors eased some of the initial difficulties. There was more productive interaction between the ICT/WCA and the UNAIDS-Secretariat on management, financial and personnel administration and also on substantive issues. Ways were found to bring needed staff and consultants on board – to strengthen the ICT/WCA's management, administration and information dissemination and exchange, and also to have greater expertise in the Team's focus areas. The use made of the Team's expertise in various ways and at different levels, and growing interaction with key regional actors helped define valid areas of work for the Team, and brought recognition of the Team's capabilities and achievements.

The ICT/WCA seems to have gone from a point where the many actors and programs in the region could ask justifiably what was the added value of the Team, to a point where it is seen in part of the region as a useful regional asset in the fight against AIDS, and in other parts of the region as a potentially useful regional asset in the fight against AIDS. The evaluation found little questioning<sup>6</sup> of the Team as a regional UNAIDS asset of value or of potential value. The main thrust of comments was for the Team to do more, more thoroughly and in more countries of the Region. The Team is thus challenged: to stay within the limits of its mission and resources; to increase its regional reach; to satisfy and not raise expectations; to avoid being drawn into areas of vacuum (i.e. where need is not being met but should be by another actor); to abide by set priorities; and to remain alert to targets or opportunity or new promising concepts and methods.

### **Overall Conclusion.**

The ICT/WCA is a small team with a big mission for a large part of Africa. Much of value of the Team is in having started as and remained a regional resource with as great if not greater accountability to the region than to a higher administrative level or governing body. In its four years of existence, through hard work, some trial and error, with uneven visibility and understanding of its role both within and outside UNAIDS, the Team has earned recognition of achievement and usefulness on several aspects of its work, in certain parts of its region. It has also earned recognition of potential achievement and usefulness on a yet greater number and yet more thematically and geographically

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<sup>5</sup> The Team is in the process of moving from these facilities provided by the government to larger rented space elsewhere.

<sup>6</sup> The evaluation did find, at the time of its visit, the relationship between the Theme Group in Cote d'Ivoire and the ICT/WCA to be strained. This seemed partly due to the long period in a changeover between ICT Team Leaders, and partly to matters linked to the co-location. The relationship was later reported as having been addressed and eased.



dispersed activities; this is both opportunity and pitfall. The opportunity lies in the implicit acknowledgement that there is important work for such a regional team. The pitfall is frenetic activity for inconsequent effect, little matter the size of any team, let alone one as small as the ICT/WCA. The Team seems now to be achieving a critical mass in number and expertise. The needs in the region are numerous, diverse and pressing. How the Team chooses amongst these, and how effectively the Team follows through on its own choices will determine its future usefulness. In a sense as much will depend on how it works as what it works on.

#### **Overall Recommendation.**

It is recommended that the Team be continued and confirmed more fully as an authoritative UNAIDS resource for the whole region, accountable to the whole region; in this role the Team needs to be known and needs to be effective. The role needs to be confirmed partly by more explicit recognition from UNAIDS Secretariat, partly by more implicit recognition in the relationships and procedures within different parts of the UNAIDS mechanism, and partly through the Team making itself better known through effective actions in various functions. The primacy of the Team's accountability to the region implies avoiding a hierarchical relationship between the UNAIDS Secretariat, the Team, and elements of the UNAIDS mechanism at the country-level. Representational functions should be limited to what the Team and the Team alone can assume better than other representatives of Co-sponsors. The principal of the Team's attention and responsiveness should be kept on defining, prioritizing and acting on the needs of countries in the region, which it is able to address itself or refer to others.

## **EVALUATION OF THE UNAIDS INTER-COUNTRY TEAM FOR WESTERN AND CENTRAL AFRICA (ICT/WCA)**

### **A. BACKGROUND AND CONTEXT.**

#### **1. The Evaluation.**

This was the first evaluation of the work of the UNAIDS Inter-Country Team for West and Central Africa (ICT/WCA) since the Team was established in October 1996. The evaluation was initiated by the Department of Policy Strategy and Research (PSR) in consultation with the Inter-Country Team Leader, supported by the UNAIDS Evaluation and Monitoring Team and carried out by an external evaluator<sup>7</sup>.

#### **2. Purpose, Issues and Scope.<sup>8</sup>**

The primary purpose of the evaluation was to assess the relevance, effectiveness and efficiency of the ICT/WCA and to make recommendations regarding the future direction of the work of the Team, notably as a basis for possible decisions on:

- The best use of the ICT/WCA to complement other approaches;
- The distribution of resources for the Team;
- Possible improvements on the use and usefulness of the Team;
- Types of information needed for ongoing monitoring in the future;
- Allocation of resources in the future to the ICT/WCA.

As the evaluation plan specified, the evaluation covered the following main issues:

1. The level of success of the ICT/WCA in making itself known to, appreciated by and reaching its partners and beneficiaries and how it contributed to improved responses to HIV/AIDS;
2. The effectiveness of the ICT/WCA in relation to one purpose as opposed to another;
3. The primary factors affecting the effectiveness of the ICT/WCA;
4. The complementarity and “value-added” of the ICT/WCA to other UNAIDS strategies and activities;
5. The achievability of the ICT/WCA’s objectives and priorities given available resources;
6. The sustainability of the ICT/WCA with decreased or no World Bank funding; lessons from the ICT/WCA applicable to other regions;
7. Lessons that can be learned from the West and Central Africa ICT which are applicable to other regions.

(It is noted that issue 7 was not covered to the same extent as the first six, inasmuch as situations in other regions, notably those with UNAIDS Inter-country teams were not looked at.)

The scope of the evaluation has included the original terms of reference and objectives of the ICT/WCA as well as modifications subsequently adopted. The target groups of the ICT/WCA from which information was to be collected included:

- Partners and beneficiaries at country level: Theme Groups; UNAIDS CPAs, NPAs, Focal Points; National AIDS programme managers and staff;
- Partners and beneficiaries at regional level: Cosponsors; other intergovernmental organizations; bilateral donors; non-governmental organizations;
- ICT/WCA and UNAIDS-Secretariat staff.

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<sup>7</sup> Author of this report

<sup>8</sup> Annex A (Evaluation Plan) refers.

### **3. Methodology Used in the Evaluation.**

The UNAIDS Evaluation and Monitoring Team drew up an evaluation plan (Annex A) for review by and input from PSR, the ICT/ WCA and the external evaluator once he was engaged. The external evaluator conducted the evaluation - with one staff member each from PSR and the Evaluation and Monitoring Team providing oversight, administrative support, and substantive orientation and feed-back.

So as to limit the cost and burden of the evaluation, travel (ten days) was limited to Abidjan, Ivory Coast (base of the ICT/WCA) and to Ouagadougou, Burkina Faso. Some forty interviews were held in the two locations with ICT/WCA staff, Country Program Advisors (CPAs), Chairpersons and members of the UNAIDS Theme Groups and with staff of national governmental and non-governmental AIDS programs, and of regional programs. Face-to-face interviews were held with five staff of the UNAIDS Secretariat in Geneva. Data were also collected from documents and by means of a questionnaire and follow-up telephone interviews with respondents in some cases. A list of interviewees and a list of the documents consulted, many provided by the ICT-WCA itself, are given in Annexes B and C respectively.

The questionnaire (Annex D) was developed in French and English by the UNAIDS Evaluation and Monitoring Team – again in consultation with PSR, the ICT/WCA and the external evaluator. The questionnaire comprised four main components:

- 1) The Team's original mandate – is it still relevant to the needs of countries in the region?
- 2) The Team's focus areas – how relevant are they to the needs of the region?
- 3) The Specific Usefulness of the Team – how has the Team been especially useful?
- 4) "Free form" expressions of opinion on the Team's work

The questionnaires were sent to seventy-one addressees in nineteen of the twenty-nine countries that the ICT/WCA covers and to UNAIDS staff or former staff in Geneva and elsewhere. The addressees in the nineteen countries included Theme Group Chairpersons, CPAs, NPAs, and staff responsible for governmental, non-governmental, international AIDS programs at national and regional levels, and for four collaborating centers in the region. The questionnaires along with an explanation of the evaluation were sent by PSR or CPP<sup>9</sup> depending on the addressee. The external evaluator followed up this correspondence by email, fax and telephone. Forty-one completed questionnaires were received<sup>10</sup> and their data tabulated (Attachment 1<sup>11</sup>).

Updates on the progress of the evaluation and initial findings were twice provided for circulation and comment. A draft of the report was circulated to relevant UNAIDS staff for feedback before finalization.

### **4. Coverage of the Evaluation.**

Given the resources and time available for the evaluation, it was necessary to concentrate the data gathering on partners and direct beneficiaries of the ICT/WCA, rather than secondary partners and beneficiaries which include provincial and district level staff, leaders and officials in the field of health, universities and research institutions, local non-governmental organizations, and the private sector.

The evaluation covered the work of the ICT/WCA from 1996, when the Team was set up, through 1999 and early 2000. Respondents tended to focus on the Team's work in the latter, more recent years of this period.

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<sup>9</sup> Department of Country Planning and Program

<sup>10</sup> See Annex E for a breakdown of respondents.

<sup>11</sup> Out of regard for the privacy of the respondents, only the totals are attached.

## **5. Overview of the Inter-Country Team and the WCA Region.**

A feasibility study preceded the Team's establishment in late 1996. The ICT/WCA was administratively in CPPD until 1998, then transferred to PSR. Initially there were four professional staff on the Team; a total of eleven, variously contracted, are planned for by end 2000. The ICT/WCA's annual budget has been between \$1-1.5m, of which slightly less than half has come from external funding for the Team's work in connection with the West African Initiative (see below). The Team's mission is essentially the same now as in 1996.

Virtually since its establishment, the Team has also been the Co-ordinating Unit for the West African Initiative (WAI) – at its request. The WAI was started with World Bank and WHO support in 1995, pre-dating the ICT/WCA. Eighteen countries and two regional organizations are in the WAI, which aims to promote inter-country dialogue, foster co-operation, support benchmark projects, and encourage expanded response to AIDS.

In fulfilling its mandate and meeting its objectives within its focus areas and in playing its role in the West African Initiative, broadly speaking, the Team's activities have involved:

- Conferences, meetings, workshops and training events; organizing, participating, providing funds and expertise.
- Technical assistance; providing funds and or expertise of team members or experts identified and sometimes funded by the ICT.
- Conducting or supporting applied research; publication, discussion and dissemination of findings.
- Dissemination and exchange of AIDS related information in "paper form" and electronically.
- Conceptualization, establishment and operation/oversight of electronic networking and of an Internet website.
- Different forms of interaction with UNAIDS Theme Groups and staff, and with regional, national and international organizations mainly in the region, and also with UNAIDS Geneva.
- Missions (of Team members or sponsored) for assessment, consultation, attendance in meetings etc.
- Administrative, financial and management planning, reporting and assorted tasks related to the ICT's own establishment and operation.

### *Pertinent Characteristics of the Team's Region.*

The region which the Team covers comprises twenty-nine countries (two of which were added as of 2000), divided into three sub-regions – North Africa, West Africa and Central Africa. Five of these countries are anglophone, the remainder francophone.

The HIV prevalence (%) in adults (15-49yrs) in the region at the end of 1999 was between 5-10% in ten countries and over 10% in four of the countries – placing these four among the sixteen worst affected countries in the world<sup>12</sup>. The Human Development Index<sup>13</sup> (HDI) of the United Nations Development Program's (UNDP) Human Development Report for 2000, ranks ten of the countries between 101-139 on a scale of 1-174; the Index ranks the remaining nineteen countries among the thirty lowest on the scale. Some half dozen countries of the region have suffered intra or inter-state violence since the Team was established.

UNAIDS Theme Groups have been established in all countries. There are eight CPAs assigned to ten of the countries and two National Program Advisors (NPAs) in two other countries.

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<sup>12</sup> UNAIDS Report on the global HIV/AIDS epidemic (June 2000)

<sup>13</sup> The HDI measures a country's achievements in terms of life expectancy, educational attainment and adjusted real income.

## **B. THE INTER-COUNTRY TEAM: SPECIFIC MATTERS.**

### **1. Role and Relationships.**

#### ***The Mandate of the Inter-Country Team.***

##### *Background.*

The mandate, sometimes called the mission, of the Inter-Country Team was at the origin, and still is the following:

- To facilitate existing inter-country initiatives or networks and develop new mechanisms of exchange and collaboration.
- To provide technical support from the sub-region and through the team itself to the different stake holders of the HIV/AIDS response in the sub-region; and
- Mobilize resources for priority and innovative actions in the sub-region.

These functions had been defined in consultation with regional partners present in the region when the Team started its work.

In face-to-face interviews and through the questionnaire, evaluation respondents were asked for their opinions on the relevance of the mandate and related objectives to the needs of the region.

The questionnaire also sought views on the degree of overlap between the mandate and objectives of the ICT/WCA and those of other programmes and organizations working at country or at regional/subregional levels.

##### *Findings.*

Responses in interviews and the questionnaire<sup>14</sup> confirmed the relevance of the mandate and related objectives (as stated below). Well over fifty percent of the respondents gave ratings of “very relevant” and all but a minority of the remainder gave a rating of “relevant”.

Through the questionnaire, the following overall ranking was determined as to the relevance of the mandate and objectives:

##### Rank (1=most relevant)

- 1: Providing technical support through the development and strengthening of technical resource networks.
- 2: Development of regional information exchange on HIV/AIDS.
- 3: Mobilisation of additional resources for HIV/AIDS.
- 4: Strengthening of partnership with Cosponsors and other partners.
- 5: Identification and dissemination of best practices.

It is noted that the mandate/objectives were rated in terms of relevance to the region as opposed to relevance to the Team. By looking at opinions of the usefulness of the Team (see especially Subsection 2 below), one can sense the quality of the Team’s performance in fulfilling the mandate/objectives. But the opinions of the Team’s usefulness also have a bearing on the mandate itself. Specifically, the Team was considered to be useful in the role of facilitating coordination between regional partners. This is not a role that the Team had, or was seen to have at the outset but rather one that it has grown into, and which could be developed further to the benefit of the region.

Another aspect of the Team’s performance that has a bearing on the mandate relates to views of its work in mobilizing additional resources. As can be seen in subsection 2 below, this is not a strong area of performance, and raises the question as to whether the Team can indeed perform well enough in this area to justify its place in the Team’s mandate.

The least favorable scores in this part of the questionnaire concerned the matter of overlap – which was rated similarly at both regional/subregional and country levels. In both cases, roughly one third of respondents considered

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<sup>14</sup> Tabulation summary in Attachment 1, Table 1.

that there was no overlap, roughly one third said that there was not much overlap, and roughly one third said that there was considerable overlap.

*Conclusion.*

The ICT/WCA's original mission, mandate/objectives, are seen as still relevant to the region and appropriate to the Team.

There is good reason to believe that a function of facilitating regional coordination would be relevant to the region and appropriate to the Team.

While the function of resource mobilisation is seen as both relevant to the region and appropriate to the Team, the fact that the Team's performance in this area is weak raises the question whether this function can be realistically included within the Team's mandate.

Some overlap between the mandate and objectives of the ICT/WCA and those of other programmes and organizations working at country level or at regional/subregional is not necessarily undesirable, since it may provide additional depth, resources and choice. But given the repeated calls for greater clarity in the Team's relationship and role, it may be that the problem has more to do with lack of understanding of what the Team does and how it does it, than in actual overlap of mandate and objectives.

*Recommendation.*

It is recommended that consideration be given to adding a fourth element to the Mandate on a role for the Team in regional coordination, along the following lines: "To facilitate the coordination of regional resources, programs and activities." This, however, should only be done once the implications of such a role have been clearly defined, and the Team's capacity to play this role have been confirmed

With respect to resource mobilisation, it is recommended that if, after a reasonable period of time, efforts to improve the Team's performance in this area are without effect, then strong consideration should be given to removing this element from the Mandate.

***Relevance of the Focus Areas.***

*Background.*

Focus areas have figured in what the Team planned for and undertook, and what expertise the Team had on board, or was prepared to identify readily elsewhere. The focus areas have been decided on between the UNAIDS Secretariat and the Team, with regard for regional and national priorities that are discussed as a matter of course with Cosponsors, partners and other stakeholders.

Focus areas listed in the Team's first Plan of Action included: strategic planning; local response; information and management and networking; blood safety; STD; communication; human rights; gender issues.

Focus areas implicit to, but not explicitly cited in, the ICT/WCA's current Work Plan (2000-2001) include: Transborder issues (trade, migration, mobile population); sex work; strategic planning; people living with HIV/AIDS; care and counseling; local response; youth; mother-to-child transmission; debt relief and poverty reduction; conflict and post-conflict situations. (The last two were added in 2000).

Through interviews and responses to the questionnaire, the evaluation sought opinions on the relevance of the current focus areas to the needs of the region. The questionnaire also sought views on the degree of overlap between the focus areas of the ICT/WCA and those of other programmes and organizations working at country or at regional/subregional level.

*Findings.*

The questionnaire responses<sup>15</sup> rated the relevance to the region's needs in essentially the same proportion as for the regional relevance of the mandate/objectives - that is to say, well over fifty percent of the respondents gave ratings of

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<sup>15</sup> Tabulation summary in Attachment 1, Table 2.

“very relevant” and all but a minority of the remainder gave a rating of “relevant”. The ranking of the ten focus areas relative to each other was as follows:

Rank (1= most relevant)

1. Transborder issues (trade, migration, mobile population).
2. Sex work.
3. Conflict and post conflict situation.
4. Strategic planning.
5. Poverty reduction, Debt relief and AIDS.
6. Youth.
7. Mother-to-Child Transmission.
8. People Living with HIV/AIDS.
9. Local Response.
10. Care and Counseling.

The ranking seems to confirm the main orientation of the Team’s work, which has been on Transborder issues - as relevant to the needs of the region.

There was a significant “spread” in ratings between the top rated Transborder Issues and lowest rated Care and Counseling: thirty-one out of forty-one respondents rated Transborder Issues as “Very Pertinent” against ten out of forty-one for Care and Counseling<sup>16</sup>. The new areas, Conflict and Post Conflict and Debt Relief and Poverty Reduction received respectively twenty and twenty-two “Very Pertinent” ratings.

Interviews tended to confirm the questionnaire responses. Several of both groups of respondents cautioned against adding new areas or of being spread too thin across areas of activity. There was also a sense that the Team did not have itself expertise in some of the focus areas, notably the two newly added areas of Conflict /Post Conflict and Debt Relief and Poverty Reduction. (The evaluation understands that this expertise has recently been added to the Team).

As was the case for mandate/objectives, the least favorable scores in this part of the questionnaire concerned the matter of overlap the focus areas of the ICT/WCA and those of other programs and organizations working at country level or at regional/subregional – which was rated similarly at both regional and country levels. Again, at both country and regional levels, roughly one third of respondents considered that there was no overlap, roughly one third said that there was not much overlap, and roughly one third said that there was considerable overlap.

*Conclusions.*

A number of the ten focus areas are seen as being significantly more relevant as regional focus areas than others, and by transposition to the ICT/WCA as a regional team.

With respect to the overlapping focus areas, here too, some overlap is not necessarily undesirable, since it may provide additional depth, resources and choice. But given the repeated calls for greater clarity in the Team’s relationship and role, it may be that the problem has more to do with lack of understanding of what the Team does and how it does it, than in actual overlap of focus areas.

The ratings themselves may be useful as indicators by which to help prioritize demands on the Team’s attention.

***Clarity of ICT/WCA Relationships and Role.***

*Background.*

There are many actors partly or wholly involved in the response to HIV/AIDS in the region. They can be categorized as national governmental organizations or agencies, national non-governmental organizations, inter-national non-governmental organizations, international (multilateral) organizations, and international bilateral organizations or agencies; they work at different “levels”, local, national, sub-regional and regional, sometimes in formal association

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<sup>16</sup> The fact that the Team has done little in the area of Care and Counseling might itself be reason for the low ratings of this focus area as compared with the others. But this reasoning seems unlikely as the focus areas of Conflict/Post Conflict Situations and Poverty Reduction in which the Team had not yet done any work figured among the top five ratings.

at a given level. In addition, there are numerous small formal and informal groups associated with specific communities and professions.

The UNAIDS Joint Program is present in the region through:

- Theme Groups in each country, varying in membership, but at their core the country representatives of the UNAIDS Co-sponsors.
- Eight Country Program Advisors active in ten countries. Two NPAs in two other countries.
- The ICT/WCA covering twenty-nine countries.

There is a less direct presence through:

- Five collaborating centers in the region.
- A few staff paid by UNAIDS, but working in the regional offices of some Co-sponsors.

There is an indirect presence through the individual, country or regional level offices of the seven UNAIDS co-sponsors. Finally, organizational elements of the UNAIDS Secretariat itself have a certain presence inasmuch as they can work in the region directly or with/through the above entities.

Each of foregoing have mandates, procedures, and relationships that have been specified and/or have evolved over time -with each other and with other non-UNAIDS actors in the region.

The ability of different organizations, or parts of the same organization to work together productively depends partly on how well respective roles and relationships are understood.

The evaluation questionnaire did not address this matter specifically, but allowed for comment in the “free-form” section. The matter was also raised routinely in face-to-face interviews.

### *Findings.*

In the “free form” section and in interviews more respondents expressed concern over what was characterized as a need for greater clarity over the relationships between the ICT/WCA, the CPAs, the Theme Group and the National Aids Programs, than over any other single matter. To a lesser degree need was expressed for greater clarity about what the ICT is and does. Contributing factors may have been:

- UNAIDS Joint Programme external literature (and web postings<sup>17</sup>) that give no or insufficient description of the ICT/WCA and of its role and relationship with respect to other parts of the UNAIDS mechanism.
- Uncorrected perceptions within the UNAIDS mechanism that an operative relationship between the ICT/WCA, CPAs and Theme Groups ceased with the transfer (1988) of responsibility for the ICT/WCA from CPP to PSR<sup>18</sup>.
- Internal communications within the UNAIDS Joint Program on substantive or administrative matters which was of interest to, but not received by, all parts of the UNAIDS mechanism.
- Insufficient communication and consultation between the ICT/WCA and other parts of the UNAIDS mechanism in the region.
- Confused perceptions of the Team in its dual role as the UNAIDS ICT and the Co-ordinating Unit for the WAI may have confused some perceptions, given the more issue/locale specific nature of some of the WAI work.

The evaluation noted that over the past year, the Team has proactively sought stronger interaction with the Theme Groups and CPAs. Steps have included sharing and soliciting comment on and interaction with the ICT/WCA Workplan. The ICT/WCA website, and electronically disseminated information, should help clarify the Team's relationship and roles.

### *Conclusion.*

The relationship between the ICT/WCA, the Theme Groups and the CPAs in particular, and to a certain extent national entities, is unclear to many for whom it should be clear. The role of the ICT/WCA has been insufficiently described or taken into account by the UNAIDS Secretariat itself. Inadvertence seems to be largely the cause. Greater clarity would probably lead to a more constructive and certainly a more informed organizational context for

<sup>17</sup> The ICT figures on the website as staff directory (out of date).

<sup>18</sup> The transfer of responsibility was accompanied by a major shift away from the focus of the ICT/WCA 1988 Work Plan which planned for the ICT/WCA to work explicitly with and through Theme Groups.



the different UNAIDS elements to work together and a more positive and coherent view from “outside”. It does not seem to be an important matter to resolve through labored intra-organizational explanations or country by country agreements on respective competencies and procedures. It does seem to be an important matter to correct by a few simple straightforward measures – which, in fact the Team has recently begun to take of its own initiative.

#### *Recommendation.*

It is recommended that a brief (for example, over a period of three months) focused effort be made by all concerned to correct the situation.

This should include:

- A simple statement from the UNAIDS Secretariat addressed to all concerned stating who in UNAIDS does what in the region, the nature of the relationships between the regional and national level UNAIDS players and between these and UNAIDS-Geneva.
- Internal procedures established so that correspondence and documents of interest (e.g. new initiatives, policies or procedures) to all UNAIDS entities in countries of the ICT/WCA region are copied routinely to the ICT/WCA and vice-versa.
- Inclusion of the ICT/WCA in UNAIDS Join Program public information publications and on the UNAIDS website that describe the field presence and structure of UNAIDS.

Over a given year, there should also be regular interaction between the ICT/WCA and all Theme Groups and CPAs in the region on the basis recommended in “Geographical Coverage” (see sub-section 3) below.

#### *The West African Initiative (WAI).*

##### *Background.*

From its outset, the ICT/WCA has also had a significant role in the West African Initiative (WAI).<sup>19</sup> The ruling body of the Initiative, the Inter-Country Co-ordinating Committee (ICC), asked UNAIDS to provide administrative and technical assistance. This led to the ICT/WCA assuming the function of Co-ordinating Unit for the Initiative. The main responsibilities of the Unit – and thus of the Team – are to organize the ICC meetings (every two years), ensure that the activities planned are actually implemented and foster the exchange of information and its regular dissemination to various partners. The objectives of the WAI are:

- To promote at the inter-country level dialogue and the exchange of experience and to advocate the strengthening of the response to the epidemic.
- To foster an inter-country and inter-agency co-operation and collaboration so as to create a co-ordinated response;
- To support innovative and catalytic projects that can serve as benchmarks nationally and regionally.
- To encourage PLWAs, NGOs and the private sector to participate in an expanded response to the epidemic.

The evaluation did not review the ICT/WCA’s role in the IAW in detail. An effort was made to see how ICT/WCA’s work done in the context of the WAI fitted with the Team’s work as the UNAIDS inter-country team for somewhat broader concerns in a larger region.

##### *Finding.*

The dual function of the ICT/WCA as the UNAIDS Inter-Country Team for twenty seven (now twenty-nine) countries in Northern, Western, and Central Africa, and the Co-ordinating Unit for the West Africa Initiative comprising eighteen of those countries seems useful and beneficial to the work of the ICT/WCA and it is assumed, but not checked, to the WAI also.

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<sup>19</sup> The initiative was started in 1995 –predating the ICT/WCA itself - with the support of the World Bank and WHO, officials of national AIDS control programmes, NGOs and associations of people living with HIV, and development partners involved in the region. Eighteen countries and two regional organizations are part of the Initiative: Algeria, Benin, Burkina Faso, Cape Verde, Côte d’Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Sierra Leone, Senegal, Chad Togo; Africaso (African Council of AIDS Service Organisations), NAP+ (Network of African People Living with HIV). A Consultative Group brings together the Initiative’s current or potential financial partners UNAIDS, WHO/AFRO, the World Bank, the European Union, GTX, the French Co-operation, the Norwegian Co-operation, USAID, UNDP and CIDA.

With slight differences in wording, the eight (now ten) “focus areas” of the ICT include the four “priority areas of the WAI”. The objectives of the ICT/WCA and WAI are similar also, in that they both include those of promoting exchange of information and experience, and of inter-country, inter-agency co-operation, collaboration and co-ordination.

The work done within the WAI context was also largely consistent with the mandate, objectives and priorities of the ICT/WCA. Most of the ICT/WCA publications have been related to work done in the context of the West African Initiative.

Much of the ICT/WCA’s work was done in the context of the WAI. Though the work conformed to the ICT/WCA’s own mandate, objectives and focus areas, there was some concern over time of too great a commitment – perceived or real – of the Team’s modest resource to WAI concerns. As a result, the ICT/WCA has gradually sought to mainstream the WAI-related work into the Team’s overall Work Plan without defaulting on WAI commitments.

#### *Conclusion.*

The ICT/WCA’s role as Coordinating Unit for the WAI seems to have benefited the work of the ICT/WCA as a whole, consistent with its mission, and source of significant extra-budgetary funding. But the equally significant engagement of the ICT/WCA’s slim resources on WAI related-work while well received, probably detracted the ICT/WCA from its region-wide role and complicated broader appreciation of the Team in that capacity. The current mainstreaming effort should help offset these drawbacks.

*Recommendation:* None

## **2. Usefulness of the Team.**

### *Overview of Opinions.*

#### *Background.*

Since 1996, the Team has itself initiated or been involved in a wide range of activities. In consultation with the Team itself, for the purposes of the evaluation, these activities were grouped in fourteen functions and listed in the questionnaire; respondents could give their opinions on the usefulness of the ICT/WCA in these functions, through one of four ratings: very useful; useful; somewhat useful; not useful. The respondents could also express their views in free form sections. Persons interviewed were questioned similarly.

#### *Findings.*

The results from the questionnaires showed the following<sup>20</sup>:

#### Rank (1= most useful)

1. Facilitating information exchange. (Tie for 1)
1. Facilitating collaboration and networking. (Tie for 1)
2. Increasing knowledge and understanding about HIV/AIDS.
3. Validating or making better known new or existing policies, plans, strategies, programs or projects.
4. Advocating an expanded response to HIV/AIDS (Tie for 4)
4. Improving coordination between regional actors and activities. (Tie for 4)
5. Identifying new partners in the response to HIV/AIDS.
6. Influencing new or existing HIV/AIDS related policies, plans or strategies. (Tie for 6)
6. Contributing to capacity building. (Tie for 6)
7. Mobilizing additional human/technical resources for HIV/AIDS.
8. Identifying effective consultants for the response to HIV/AIDS.
9. Influencing new or existing HIV/AIDS related programs or projects.

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<sup>20</sup> See Tabulation Summary in Attachment 1, Table 3.

10. Facilitating access to UNAIDS-Geneva or resources external to the region.
11. Mobilizing additional financial resources for HIV/AIDS.

Nearly sixty percent of the respondents gave ratings of “very useful” to the two highest rated functions - “facilitating information exchange” and “facilitating collaboration and networking”. Just under twenty percent of respondents gave a “very useful” rating to the lowest rated function of “mobilizing additional financial resources for HIV/AIDS”. The judgement overall was quite favorable in that over seventy percent of respondents rated ten out of the fourteen functions as “very useful” or “useful”.

These views were also reflected in opinions given during face-to-face and telephone interviews. In the face-to-face interviews, two noteworthy opinions were expressed with respect to the function of “influencing new or existing HIV/AIDS related policies, plans or strategies.” ICT/WCA Team members were recognized as having contributed significantly to the formulation of policies, plans and strategies at the African Development Bank and the regional office of the International Labor Organization.

#### *Conclusion.*

When the ratings are considered in relation to the ICT/WCA’s mission, the Team is seen as more useful in functions that relate to:

- (facilitating) existing inter-country initiatives or networks and develop new mechanisms of exchange and collaboration.

than to:

- (providing) technical support from the sub-region and through the team itself to the different stake holders of the HIV/AIDS response in the sub-region;

and to:

- (mobilizing) resources for priority and innovative actions in the sub-region.

The Team’s level of perceived usefulness in the latter two areas should be raised to that of the first area. The evaluation noted that the Team has taken several steps recently, which should help to do that. Some of these – and others – are discussed below.

*Recommendation:* None.

#### ***Relationships with Regional Partners.***

##### *Background.*

The ICT/WCA lists some thirty organizations which have regional level activities and with which the Team interacts routinely in various ways. Among these are regional offices or programs of UNAIDS Co-sponsors, and of major bilaterally funded programs, and of other multilateral entities.

The resources, concepts and policies and programs of regional organizations affect not only what these organizations do at a regional level. When the parent organization is represented and active at the country level, the regional organization can affect what is done at that level also. Similarly, regional organizations can generate concepts and policies which can have an influence on the parent organization at the international level.

At national and international levels, there are inter-organisational consultative and coordination mechanisms and resources in place for coordination, planning, policy formulation, information exchange. At regional level, these mechanisms are weaker or non-existent.

Through interviews and the questionnaire, the evaluation consulted with a representative sample of the regional organizations to gauge how the ICT/WCA was perceived by its peer organizations.

##### *Findings.*

As opinions on the usefulness of the Team showed (see ranking in overview of opinions above), the ICT/WCA is appreciated for its “relational” activities. Interviews indicated that the Team has progressively evolved into a position of being able, and possibly expected, to provide some of the services that seem to be needed but missing to facilitate

coordination between international and national regional actors alike. The Team has gained both experience and authority in this function as the designated Coordination Unit for the WAI. Over the past year, it has taken yet broader and seemingly well received initiatives to facilitate coordination, notably among international actors.

#### *Conclusion.*

The Team can undertake a useful function of facilitating coordination of regional actors, their programs and resources. This is a step below actual coordination – which while desirable, would be at this stage a virtually impossible role for the Team to assume and sustain and one which would probably be resisted. To provide the support for coordination - essentially to serve as a clearinghouse of information on who is doing what, where and when and how, and as a convenor of meetings or a broker of roles and resources, etc. – is something that needs to be done, that the Team has started to do, and which it could do in a sustained, strategic manner. The quite considerable requirements of time, staff and resources needed should be taken into account.

If indeed the Team were to take on such a function, it would probably be of a significance comparable to the three functions spelled out in its mandate, and should be added as a fourth function (also see Sub-section 1, “The Mandate of the Inter-Country Team”).

#### *Recommendation.*

It is recommended that an informal internal review be made of the value to the region of the Team adding to its mission a function of facilitating coordination for regional actors, and how this might be undertaken.

If indeed this function is judged useful for regional actors and viable for the Team, consideration should be given to adding a function of facilitating regional coordination to the ICT/WCA mandate.

#### ***Resource Mobilisation.***

##### *Background.*

From the start, the ICT/WCA’s Mandate has included the function of “mobilising resources for priority and innovative action”. Through questionnaires and interviews, the evaluation understood that this is seen as indeed relevant for the region<sup>21</sup>. In asking for opinions on the Team with respect to resource mobilization, the function was divided in two questions – one on mobilizing additional human and technical resources for HIV/AIDS and the other for mobilizing additional financial resources for HIV/AIDS.

##### *Findings.*

Questionnaire responses rated the Team as less useful in resource mobilization than in most other functions. A somewhat higher percentage of respondents gave a “very useful” rating to resource mobilization of human and technical resources (twenty-eight percent) than to mobilization of additional financial resources (nineteen percent). In interviews too, respondents did not cite the Team as strong in this area.

A review of work plans and reports of activities for 1996-1999 shows that, while resource mobilization was recognized as one of the mandated functions, it did not figure significantly in either the planning or the activities conducted. Moreover, in the early years, it was unlikely that the small overly solicited Team, still to establish itself credibly, could have done much in this area without a concerted resource mobilization effort and strategy – not then in its power.

The evaluation noted that the current work plan is more explicit and specific with respect to resource mobilisation. This together with the greater recognition the Team has come to enjoy and an increased staff and capacity, suggests that the Team should now be in a position to perform more strongly in this area. However, the evaluation notes that, for meaningful results, resource mobilisation requires a specific and sustained methodology, and staff well-versed in its application and knowledgeable of how and where to obtain resources for what types of needs.

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<sup>21</sup> As stated in the section discussing the mandate, nearly seventy percent rated this as “very relevant” and nearly thirty percent as “relevant”.

### *Recommendation.*

An informal internal review of the Team's experience with resource mobilisation, of its strengths, constraints and potential in this function, and of what would need to be done to build on its strengths, diminish the constraints and realize its potential. Such a review should provide an appropriate methodology and specifics as to related staffing and other requirements.

### *Information Dissemination and Exchange.*

#### *Background.*

The ICT/WCA has disseminated and exchanged information in a variety of ways: 1) Through participation in individual or group consultations, meetings, workshops and conferences 2) Through preparation, publication and distribution of printed materials – papers, studies, reports etc., 3) Through selective forwarding of information received 4) Through various uses of the electronic medium.

With technical assistance from an NGO (Fondation du Present) contracted to help the ICT/WCA exploit the electronic medium, the Team has brought into existence SAFCO<sup>22</sup> an open, moderated francophone network on HIV/AIDS and five closed, moderated networks involving persons with responsibilities in the five areas of migration, NAPS, Strategic Planning and ICT/WCA partners. Arrangements have been made with third parties to take on the responsibility for overseeing and managing some of these networks. The Team has created a website<sup>23</sup> in French and English.

The use of information technology in the region is growing quickly, if unevenly. This is true of both the technical infrastructure and of personal, institutional and collective abilities to use the technology effectively and productively. Internet Service Providers within the countries themselves are prone to overload, so that access to email and in particular to large files can be difficult, and at certain times of the day impossible. It is impossible or difficult to access the World Wide Web from most computers – either because these are not powerful enough or because of the limitations of the Internet Service Providers. These two limitations are likely to ease over time, as demand pushes the Internet Service Providers to increase in number and capacity and as more powerful personal computers become more available more cheaply.

#### *Findings.*

Sixty-eight percent of respondents to the questionnaire rated the development of regional information exchange as “very relevant” to the region; another twenty-seven percent gave a rating of “relevant”. The questionnaire solicited opinions on the usefulness of the Team in three functions related to information dissemination and exchange<sup>24</sup>. Over eighty percent of respondents rated the Team in these three functions as “very useful” (a majority) or “useful”.

In the area of information management, there is a convergence of needs, views and performance, that is promising for the Team. Information that is useful in many different ways by a large constituency is unquestionably needed. Respondents cited exchange of information and experience and networking as the activities of most use to them.

The website is a valuable means of accessing information about programs and organizations concerned with AIDS in the regions – and through the links - worldwide. It is also a valuable means of making the role and work of the Team known. Because of the difficulties in accessing the World Wide Web which most of the persons concerned face within the region, for some time ahead it will be necessary for the Team to ensure proactive communication through electronic mail, and not to count on information needs being met by simple posting on the web site.

### *Conclusion.*

The Team has received good ratings for its role in networking and information exchange. The Team has steadily, if slowly, evolved in its capabilities in these areas to the point that it is the principal actor in AIDS related information dissemination and exchange operating within the region. However, demands and expectations will grow as the

<sup>22</sup> SAFCO: SIDA en Afrique du Centre et de l'Ouest

<sup>23</sup> <http://www.onusida-aoc.org>

<sup>24</sup> Facilitating Information Exchange; Increasing Knowledge And Understanding About HIV/AIDS; Validating Or Making Better Known New Or Existing Policies, Plans, Strategies, Programs Or Projects. (See section on overview of Team's usefulness.)

resource becomes more used and better known. Computer based information management is deceptively labor-intensive. The technology needs maintenance and upgrade. Systems, personnel and procedures to collect data and keep it up to date are needed. Information networks can become channels of large amounts of information that is interesting but of no real value to the end-user.

The Team has taken some promising initiatives. But they are carried out in a region of uneven technological development, and may not yet be fully effective. Furthermore, there may be unsuspected limitations - or benefits - to the electronic networking. These factors need to be monitored and assessed in terms of what the networks are expected to accomplish on a continuing basis.

The Team needs to take these realities into account to make sure that what it does in this area remains reliable, authoritative, and above all useful to its constituency. It is probable that the staff and financial resources to develop and maintain its information management capability will soon be insufficient. It is probable that there will be pressure to increase the number of participants in the closed networks and even to increase the number of such networks – for example, to accommodate the anglophone constituency in the region. It is possible that the process of networking and information exchange and dissemination will have limited benefit – essentially to the participants in the network themselves, rather than to the AIDS communities these participants relate to. Assessment, planning and meeting the needs in staff, funds and technology are essential to offsetting these risks.

#### *Recommendation.*

That the Team itself undertake routine, annual assessments of the information needs of the Team's constituency, and how well the Team's information management activities are doing in meeting those needs. The Team should maintain succinct short, medium and long-term plans for its information management activities.

#### ***Identification of Effective Consultants.***

##### *Background.*

One of the three functions specified in the mandate of the ICT/WCA is “to provide technical support from the sub-region and through the Team itself to the different stake holders of the HIV/AIDS response in the sub-region.” The Team has thus been expected to provide expertise to meet the needs of its constituencies and both regional and national levels, from its own staff or through the expertise of consultants recruited by the Team or simply identified for recruitment by others.

In interviews and through the questionnaire, the evaluation sought views on how useful the Team had been in this function.

##### *Findings.*

Responses to the question in the questionnaire on how useful the Team has been in “identifying effective consultants for HIV/AIDS”, reflected an opinion of the Team having been moderately useful. While some seventy percent of respondents rated the Team as “useful” (majority) or “very useful”, another thirty percent rated the Team as “somewhat useful” or “not useful” (one instance). This contrasted with favorable comments, notably as expressed interviews, of the Team members' ability to themselves provide effective advice or assistance. Overall, comments suggested that the Team has drawn on a small pool of consultants known or referred to them and that this arrangement seems to fall short of what is needed.

The evaluation noted that, while the mandate of the ICT/WCA points to the Team itself as a source of technical support, in practice the Team is very limited in what it can do by its small size and many other demands on it.

##### *Conclusion.*

The Team's usefulness in identifying effective consultants received mixed reviews – in contrast to very favorable comments on the team members' abilities to themselves provide effective consultancy type services. However, if the Team is to work at a regional level and respond to both regional and national level needs for technical expertise, it must restrict the use of its expertise to the definition and management of technical assistance rather than the provision of technical assistance. This implies having an “in-house” capacity for identifying and providing

effective consultants quickly. It also implies being as accountable for the effectiveness of the consultant identified and provided through the Team, as the Team would be for the services provided by one of its own staff.

#### *Recommendation.*

The Team should establish and maintain an efficient consultant roster either using its own facilities or those of the Directory under development at PSR. There should be an assessment of what comparable rosters exist in and out of the region, what skills should be made available, how the roster should be built up and what procedures should be established to ensure that information on qualified consultants is kept up to date, and that the performance of consultants used is assessed and recorded. Professional help to do this should be provided if necessary. Whatever rostering facilities are chosen, the Team should consider itself accountable for the quality and effectiveness of the consultants it provides or endorses.

### **3. Geographical Coverage.**

#### *Background.*

From the outset, the Team has covered a large number of countries, which by the time of the evaluation had grown to twenty-nine. These countries are spread over a large area and differ in many ways that impact on HIV/AIDS and on how to address it. In their response to HIV/AIDS, some of these countries are associated in sub-regional groupings<sup>25</sup> – some countries in more than one.

The questionnaire did not specifically raise the question of geographical coverage, but comments on this were made in the free form sections. Interviews too yielded a number of opinions on the matter.

#### *Findings.*

The Team has had uneven and irregular interaction with the countries of the region; it has had little to no substantive involvement with a number of them. For some, this seems to have resulted in dissatisfaction over not having had the attention felt to be needed. Most of the Team's technical support work has concerned a few countries belonging to the WAI. Networking, information dissemination and exchange, and strengthening of partnerships has involved actors in a greater number of countries. Resource mobilisation has been modest – as discussed above – and has had little geographical reach.

The evaluation noted that the Team had taken a number of initiatives in connection with its current Work Plan to extend its interaction through the region. These have included, for example, dissemination of the Work Plan to CPA's and Theme Group chairs, the organization of broader based consultations, meetings and workshops, and more effective and inclusive networking thanks to the electronic medium.

#### *Conclusion.*

Given the size of the region, the high number of countries, their diversity, and the Team's relatively limited capacity, the disparity in coverage is understandable. But if the Team specifies that it is "covering" twenty-nine countries, then all the countries must be aware of this coverage and what it implies for them. The Team itself should know who the key actors are in each country, what the HIV/AIDS issues are that need to be addressed and respective strengths and weaknesses in addressing them.

It is obviously not possible for each country to receive the same level of attention – a system of prioritization is needed (see below – "Working to Priorities and Assessing Outcome"). But it is reasonable to expect the Team to interact with each country at a common minimum level with a common minimum frequency, if only electronically, to maintain contact and awareness of respective concerns, capacities and needs.

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<sup>25</sup> For example, aside from the 18 countries of the WAI: Sahelian Countries: *Senegal, Cote d'Ivoire, Mali, Niger, Burkina Faso*; Coastal Countries of South Western Africa: *Cote d'Ivoire, Benin, Ghana, Togo, Nigeria*; Lake Chad Basin: *Nigeria, Tchad, Cameroun, CAR*; Congo River Basin: *CAR, Congo, Democratic Republic of the Congo*. Great Lakes Initiative: *Rwanda, Burundi, Ouganda, RDC, Kenya, Tanzania*.

Information and communications technology is a key factor to enable true region-wide coverage. The other key factors are how the Team is internally constituted to achieve this level of monitoring and interaction and the appropriateness and viability of the prioritization decided on.

*Recommendation.*

It is recommended that the present geographical assignment coverage be retained until adequate coverage is achieved or until it is perceived as clearly unworkable. A situation of the Team's ostensibly covering the twenty nine countries, but in fact only relating effectively with a few of those should be avoided. A practical system should be put in place that will enable the Team to interact with every country in the region at a common minimum level with a common minimum frequency. Building on this, the Team should put in place a similarly practical system of prioritization calibrated on country and inter-country needs, the Team's resources and on various other determinants of the Team's own priorities.

#### **4. Other Factors Bearing on Effectiveness.**

*Working to Priorities and Assessing Outcomes.*

*Background.*

Given the size and diversity of the WCA region, of the HIV/AIDS problem and of the response required, there is a certainty of endless, overwhelming demand for any number of services from a small regional UNAIDS team. The ICT/WCA could work ceaselessly, conscientiously, and competently but not having an impact commensurate with its regional mandate and vocation. Two management practices can make a significant difference in the Team's effectiveness. One is working to priorities – assuming, the priorities are correct. The other is assessing outcomes<sup>26</sup> – that is to say the effect of the Team's work on partners and beneficiaries in their response to HIV/AIDS.

The evaluation was able to review a large number of reports, documents, publications and electronic records that together gave a useful account of the Team's plans and activities over the years, and identified explicitly or by implication a number of the priorities for the Team's work. The Action and Work Plans for each year were particular indicative of these, as the annual reports were of what the Team had done over a reporting period.

*Findings.*

In the course of its review and discussions (in particular with the Team itself), the evaluation found that despite the specificity, guidance and implicit prioritization that the planning documents afford, a further level of prioritization is needed if the Team is to cope even-handedly and effectively, on a region-wide basis, with the demands on its expertise, time and resources.

The evaluation found interviewees from the Team and the UNAIDS Secretariat alike conscious of this reality and looking for appropriate priorities which can take into account changing factors within and outside the region. Defining the priorities is not straightforward as there are many considerations – for example, countries without CPAs assigned, International Partnership countries, focus areas, imbalances between national on inter-country needs and resources to name a few.

The evaluation was less reassured with respect to the Team's capacity to monitor the outcome. The evaluation felt that reporting had largely met requisite standards and needs of the UNAIDS Secretariat and other stakeholders. But they seemed to fall short of enabling the Team to itself assess and monitor the outcomes of its work. While, for example the studies published or the technical assistance furnished, or the workshops organized, were described informatively, the outcome or effect of these studies, of the technical assistance, or of the workshops on the partners, beneficiaries and their responses to HIV/AIDS could not be determined. In terms of the diagram shown in Attachment 3, the level of assessment essentially stops at "output".

The current workplan is a move in the right direction. Its format requires a statement of projected outcomes, encourages attention to this aspect, and will presumably entail reporting to the UNAIDS Secretariat on outcomes.

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<sup>26</sup> Attention is invited to the diagram in Annex A. Resulting from "outputs", "outcomes" are illustrated as, sequentially, first "partners and beneficiaries learn(ing) from the support, information and materials provided to bring about improvement", then of "increasing implementation of relevant, effective, efficient, equitable and sustainable response at different levels."



But if the Team is to assess outcome meaningfully for itself in determining the effects of its work, it needs to go well beyond the demands of annual planning and reporting exercises. A Team culture of always going beyond output to assess outcome, and Team procedures to do this routinely for each activity – electronic networking, publications, consultancies, best practices – would be essential measures in taking assessment to the critical next level.

The evaluation having noted the Team's productive consultations – both internal and external – which took place in connection with the preparation of current workplan, and with ongoing management and operational matters is confident that nurturing a Team culture of assessing outcomes and setting and following procedures by which to do this routinely, is well within the Team's reach.

### *Conclusion.*

The question of the Team's effectiveness is firstly a question of how the Team is led, how the Team is staffed, and how well the Team works together. Quite clearly too, management practices will determine how well the Team plans and carries out its work, faced with demand that is disproportionate to the Team's size. These factors are self-evident and the evaluation judged that those on the Team and directly involved with the Team are well aware of them and best suited to address them. It is also self-evident that the Team is more likely to be effective if it is delegated financial, administrative and personnel management authority to the maximum permissible level, than if it must turn to the Secretariat for approval and decisions on matters that are relevant to its performance and that it can address expeditiously.

This said, the Team is likely to achieve greater effectiveness, within the context of its current work plan - by yet greater prioritization of the demands on its time. The Team is likely to achieve significantly greater effectiveness by assessing routinely the "outcome" of all that it does – that is the extent to which the Team causes partners and beneficiaries to learn from the support, information, and materials which the Team has provided to bring about improvement, and the extent to which these have in turn resulted in increased implementation of relevant, effective, efficient, equitable and sustainable responses at different levels. Such assessing should also be documented, partly for use of the Team in self-evaluation and future planning, but also as a basis for validating and raising support for its work.

### *Recommendation.*

That - within the context of the current work plan - the Team continue to pursue a definition of criteria by which to priorities its activities and the responses to demands on its expertise, time and resources and retain a meaningful and broad regional role.

That, for each of its "outputs", the Team adopt a culture and practice of assessing and documenting "outcomes" as a matter or routine.

### *The Language Issue.*

#### *Background.*

Twenty-four of the twenty-nine countries in the WCA are francophone; five are anglophone. It is generally recognized that internal and external communications of the UNAIDS Joint Program are mainly in English, and that the HIV/AIDS- related information it receives and disseminates is also mainly in English.

The language issue was not specifically raised in the questionnaire, nor were comments made on subject in the "free form" sections<sup>27</sup>. The subject was however raised often in interviews.

The evaluation was aware of, but did have the opportunity to review, another dimension to the language issue - the problem of ensuring inclusiveness of the five anglophone countries in the dominantly francophone region.

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<sup>27</sup> With the exception of an anglophone respondent who suggested that there was a cultural imbalance – in favor of the francophone constituencies – in the ICT/WCA's regional response.

*Finding.*

Important and useful communications in English have been sent to the Team for the information of or use by French speakers. This practice has hindered work and irritated the recipients. The Team has tried solving the problem by arranging for translation locally. While the cost there is lower than at the UNAIDS Secretariat it is still costly, and is an added workload for the Team not staffed or funded to contract out for translation, and especially to check and edit translated texts.

The evaluation noted recognition of the problem along with a general sense, notably at the UNAIDS Secretariat, that communicating to some francophone constituencies was indeed a problem, but a longstanding and unresolved problem that could be lived with.

*Conclusion.*

The Team needs to be able to publish or distribute information in both French and English. It often cannot do this quickly enough because translations are not available from Geneva or too slow in coming. The information flow suffers in consequence. The quicker and cheaper arrangement of translation in Abidjan itself poses an additional burden on the Team.

The value of the UNAIDS program rests largely in the ability to communicate clearly, effectively and quickly to people. This must obviously be done in whatever language the people concerned understand. With French an official UN language, with quasi-official international advocacy on the use of French, with advances in computer based and internet-distributed translation, and with the linguistic abilities available in the WCA region and elsewhere, there is reason to believe that the language issue could be solved satisfactorily, if addressed resolutely and imaginatively.

*Recommendation.*

That a small team – including at least one specialist on translation external to UNAIDS – conduct a short, focused study on possible solutions for the ICT/WCA, that can be implemented quickly and the necessary resources made available<sup>28</sup>.

***Interaction with the UNAIDS Secretariat.***

*Background.*

From the outset, the Team was not meant to be a regional office for the UNAIDS Secretariat, nor to be an intermediary, hierarchically, administratively or otherwise between the UNAIDS Secretariat and other UNAIDS entities in the region. Organizational responsibility for the Team has been within a department at the UNAIDS-Secretariat, first with CPP, then with PSR.

Interaction between the Team and the Secretariat was briefly commented on in the “free form” section to the Questionnaire, and at greater length in interviews with the Team itself and with Staff at UNAIDS Secretariat.

*Findings.*

In interviews with respondents in the region, and with the Team members itself the evaluation suggested confirmation of the Team serving as a UNAIDS resource accountable to the region for its performance rather than as a regional resource accountable for its performance to the UNAIDS Secretariat.

The Team’s experience has shown the importance of having effective interaction between the Team and the Secretariat. This interaction seems to have improved progressively over the years with respect to administrative and financial issues, and also with respect to planning and performance in substantive matters. The Team needs effective representation and responsiveness at the Secretariat, and seems to have this within PSR.

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<sup>28</sup> An initiative focused specifically on this problem should include the feasibility of using – if necessary helping to set up – a computer-based translation service developed and contracted to the Team for this purpose in Abidjan itself.

Within UNAIDS Secretariat, there seems to be uneven understanding of what the ICT/WCA is and does. And in the WCA region, the Team finds that it is sometimes expected to speak or act on matters associated with UNAIDS Secretariat going beyond the concerns of PSR, or of any other single Secretariat entity.

*Conclusion.*

The relationship between the Team and its parent department at the UNAIDS Secretariat seems to be productive and mutually supportive. There is a need for more coherent interaction on the different interests and concerns of other Secretariat entities with respect to the ICT/WCA, and vice versa. Some internal arrangement seems needed that will do this and retain the advantages of the present relationship.

*Recommendation.*

That a mechanism/procedural arrangement be defined at the Secretariat to encourage broad, coherent interaction between a core group of relevant Secretariat entities and the ICT/WCA. This should maintain and respect the primacy of the Departmental relationship within the UNAIDS Secretariat for the Team, and not encourage perceptions of the Team as a regional stand-in for the Secretariat.

**5. Prioritized Listing of Recommendations.**

The following is a list of the recommendations by subject title as covered above. The list is in descending order of priority.

1. Clarity of the ICT/WCA Relationships and Role
2. Geographical Coverage
3. Resource Mobilisation
4. Working to Priorities and Assessing Outcome
5. Relationships with Regional Partners
6. Identification of Effective Consultants
7. Electronic Information Exchange and Dissemination
8. The Language Issue
9. Relationship with the UNAIDS Secretariat
10. Regional Relevance of the Mission
11. Regional or Country-level Overlap in Mission and Focus Areas
12. Information and Relationships
13. Regional Relevance of Focus Areas
14. The West Africa Initiative (WAI) (no recommendation)

## C. THE INTERCOUNTRY TEAM: OVERALL.

### 1. Overall Finding.

From its start in October 1996, the ICT/WCA has had to find a regional role for itself that was not administrative or hierarchical in the UNAIDS organization, that did not duplicate the work of other regional organizations, and that did not infringe on the responsibilities of UNAIDS Theme Groups and CPAs and of officials of national aid programs. In its first years, it was to do this against the backdrop of a major organizational shift in how the United Nations system addressed the HIV/AIDS problem. The Team's size was small (and still is) relative to the scope of its mandate and the diversity and size of the region it was to cover. There were changing views on what the Team was to do and who was its priority audience or clientele. There were delays and lack of understanding between the Team and UNAIDS-Geneva on administrative, financial and personnel procedures. The Team worked in a physical space too small and cramped for the Team's needs and lacked facilities for meetings, consultation of documentation and operation of computer-based information and networking staff and equipment<sup>29</sup>.

The increasing international mobilization of the AIDS community on the situation in Africa and the consequent events, conferences, projects, new organizations and initiatives in the region seems initially to have forced the Team into a reactive mode – dealing with upcoming urgent events and urgent requests within the region and from the UNAIDS Secretariat, making it difficult to focus on its own plan of action. The evaluation found that the ICT/WCA was recognized as being responsive and adaptive in what it took on or was asked to take on, but at the price of trying to meet conflicting priorities, and having difficulty at times in following through fully on some of its undertakings. The Team was also recognized for the consistent professionalism and the hard work and commitment of its individual members.

Over time, a number of positive factors eased some of the initial difficulties. There was more productive interaction between the ICT/WCA and the UNAIDS-Secretariat on both management and substantive issues. Ways were found to bring needed staff and consultants on board – to strengthen the ICT/WCA's own management and information dissemination and exchange, and to have expertise in the Team's focus areas. The use made of the Team's expertise in various ways and at different levels, and growing interaction with key regional actors helped define valid areas of work for the Team, and brought recognition of the Team's capabilities and achievements.

The Team seems to have gone from a point where the many actors and programs in the region could ask justifiably what was the added value of the Team, to a point where it is seen in part of the region as a useful regional asset in the response to HIV/AIDS, and in other parts of the region as a potentially useful regional asset in the response to HIV/AIDS. The evaluation found little questioning<sup>30</sup> of the Team as a regional UNAIDS asset of value or of potential value. The main thrust of comments was for the Team to do more, more thoroughly and in more countries of the Region. The Team is thus challenged: to stay within the limits of its mission and resources; to increase its regional reach; to satisfy and not raise expectations; to avoid being drawn into areas of vacuum (i.e. where need is not being met but should be by another actor); or to be diverted from its own plan of action by secondary priorities; and to remain alert to targets of opportunity or new promising concepts and methods.

The Team has moved progressively into functional roles - functions that it is beginning to fill for, or is expected to fill by, its constituency. This in a sense goes beyond, or at least underpins, what is normally expressed in terms of mandate, mission, objectives and priority areas. It is useful to look at the Team's work in these terms as it expresses the same work more clearly in terms of what others may depend on the Team to provide. There are three such functions:

1. Regional Information Functions:
  - Information Clearinghouse and Coordination Support – who is doing what and how regionally.
  - Source of expertise and resources – who has the expertise and the resources.
  - Operation or oversight of computer based information exchange and dissemination.
2. Regional Technical Functions:

<sup>29</sup> The Team is in the process of moving from these facilities provided by the government to larger rented space elsewhere.

<sup>30</sup> The evaluation did find, at the time of its visit, the relationship between the Theme Group in Cote d'Ivoire and the ICT/WCA to be strained. This seemed partly due to the long period in a changeover between ICT Team Leaders, and partly to matters linked to the co-location. The relationship was later reported as having been addressed and eased.

- Provision of expertise (from the Team or funded by the Team) on any given subject (notably priority areas)
- Conduct or support to studies, development of best practices, new innovative projects etc.
- 3. Regional Leadership Functions:
  - Coordination facilitation
  - Advocacy
  - Building partnerships
  - Resource mobilisation

## **2. Overall Conclusion.**

The ICT/WCA is a small team with a big mission for a large part of Africa. Much of value of the Team is in having started as and remained a regional resource with as great if not greater accountability to the region than to a higher administrative level or governing body. In its four years of existence, through hard work, some trial and error, with uneven visibility and understanding of its role both within and outside UNAIDS, the Team has earned recognition of achievement and usefulness on several aspects of its work, in certain parts of its region.

It has also earned recognition of potential achievement and usefulness on a yet greater number and yet more thematically and geographically dispersed activities; this is both opportunity and pitfall. The opportunity lies in the implicit acknowledgement that there is important work to be done by such a regional team. The pitfall is frenetic activity for inconsequent effect, little matter the size of any team, let alone one as small as the ICT/WCA. The Team seems now to be achieving a critical mass in number and expertise. The needs in the region are numerous, diverse and pressing. How the Team chooses amongst these, and how effectively the Team follows through on its own choices will determine its future usefulness. In a sense as much will depend on how it works as what it works on.

## **3. Overall Recommendation.**

It is recommended that the Team be continued and confirmed more fully as an authoritative UNAIDS resource for the whole region, accountable to the whole region; in this role, the Team needs to be known and needs to be effective. The role needs to be confirmed partly by more explicit recognition from UNAIDS Secretariat, partly by more implicit recognition in the relationships and procedures within different parts of the UNAIDS mechanism, and partly through the Team making itself better known through effective actions in various functions. The primacy of the Team's accountability to the region implies avoiding a hierarchical relationship between the UNAIDS Secretariat, the Team, and elements of the UNAIDS mechanism at the country-level. Representational functions should be limited to what the Team and the Team alone can assume better than other representatives of Co-sponsors. The principal of the Team's attention and responsiveness should be kept on defining, prioritizing and acting on the needs of countries in the region, which it is able to address itself or refer to others.

# **ATTACHMENTS**

## ATTACHMENT 1: Tables 1-3: Questionnaire Response Summaries

**TABLE 1. SUMMARY OF RESPONSES IN THE QUESTIONNAIRE WITH RESPECT TO THE MANDATE AND OBJECTIVES OF THE UNAIDS INTER-COUNTRY TEAM 1997-1999**

*Question: In your opinion, how relevant are the original mandate and objectives to the needs of the region?*

Scale (Mandate/Objectives): 1 Very relevant . 2 Relevant 3 Not very relevant 4 Irrelevant.

*Question: Do you find any overlap between the mandate and objectives of the UNAIDS Intercountry Team and those of other programs and organizations working at country level or at regional/subregional level?*

Scale (Overlap): 1 No overlap at all. 2 Not much overlap. 3 Some overlap. 4 Considerable overlap

TOTALS	Technical Support Through Development/ Strengthening of Technical Resource Networks.	Development of a Regional Information Exchange on HIV/AIDS.	Mobilisation of Additional Resources for HIV/AIDS.	Strengthening of partnerships with Cosponsors and other Partners.	Identification of Best Practices.		Overlap at Regional/ Subregional Level.	Overlap at Country Level.
Rating Summary:	29 x 1 11 x 2 1 x 3 0 x 4	28 x 1 11 x 2 2 x 3 0 x 4	25 x 1 12 x 2 4 x 3 0 x 4	21 x 1 16 x 2 2 x 4 1 x 3	20 x 2 16 x 1 5 x 3 0 x 4		13 x 1 15 x 2 9 x 3 3 x 4	13 x 1 13 x 2 13 x 3 1 x 4
Number of Responses Counted:	41	41	41	40	41		41	40
Total Points. (Low is positive)	54	56	61	64	71		82	82
Average (Total Points/Number Of Responses)	1.32	1.37	1.49	1.60	1.73		2.0	2.05
Ranking Based on Average: (Low is positive)	1	2	3	4	5		1 of 2	2 of 2

**TABLE 2. SUMMARY OF RESPONSES IN THE QUESTIONNAIRE WITH RESPECT TO THE FOCUS AREAS OF THE UNAIDS INTER-COUNTRY TEAM 1997-1999**

*Question: In your opinion, how relevant are the focus areas of the UNAIDS Intercountry Team to the needs of the region?*

Scale (Focus Areas): 1 Very relevant . 2 Relevant 3 Not very relevant 4 Irrelevant.

*Question: To what extent do the focus areas of the UNAIDS Intercountry Team complement or duplicate those of other programs or organizations working at country level or at regional/subregional level?*

Scale (Overlap): 1 No overlap at all. 2 Not much overlap. 3 Some overlap. 4 Considerable overlap.

TOTALS	Transborder Issues –Trade, Migration, Mobile Populations	Sex Work	Conflict and Post-Conflict Situations (Added in 2000)	Strategic Planning	Debt Relief and Poverty Reduction (Added in 2000)	Youth	Mother-to-Child Transmission	Local Response	Care and Counselling	Overlap at Regional/ Sub-Regional Level	Overlap at Country Level
Rating Summary	31 x 1 9 x 2 1 x 3 0 x 4	22 x 1 18 x 2 1 x 3 0 x 4	20 x 1 18 x 2 3 x 3 0 x 4	21 x 1 14 x 2 6 x 3 0 x 4	22 x 1 12 x 2 6 x 3 1 x 4	18 x 1 15 x 2 6 x 3 0 x 4	19 x 2 16 x 1 6 x 3 0 x 4	18 x 2 12 x 1 9 x 3 2 x 4	16 x 2 15 x 3 10 x 1 0 x 4	13 x 1 12 x 2 11 x 3 3 x 4	14 x 3 12 x 2 10 x 1 4 x 4
Number of Responses Counted:	41	41	41	41	41	40	41	41	41	39	40
Total Points (Low is positive)	52	61	65	67	68	67	72	83	87	82	92
Average (Total/Number. of Responses)	1.27	1.49	1.59	1.63	1.66	1.68	1.76	2.02	2.12	2.10	2.30
Ranking Based on Average: (Low is Positive)	1	2	3	4	5	6	8	9	10	1 of 2	2 of 2



**TABLE 3: SUMMARY OF RESPONSES TO THE QUESTIONNAIRE WITH RESPECT TO THE SPECIFIC USEFULNESS OF THE UNAIDS INTERCOUNTRY TEAM.**

*Question: In your opinion, in what ways has the UNAIDS Intercountry Team been especially useful?*

**Scale:** 1 Very Useful. 2 Useful. 3 Somewhat Useful. 4 Not Useful.

<b>TOTALS</b>	<b>Facilitate Inform. Exchange</b>	<b>Facilitate Collabor.&amp; Networking</b>	<b>Increase Knowledge and Understanding about HIV/AIDS</b>	<b>Validate or Make Better Known New or Existing Policies, Plans, Strategies Programs or Projects.</b>	<b>Advocate an Expanded Response to HIV/AIDS</b>	<b>Improve Coordination Between Regional Actors and Activities</b>	<b>Identify New Partners in the Response to HIV/AIDS</b>	<b>Influence New or Existing HIV/AIDS Related Policies, Plans or Strategies</b>	<b>Contribute to Capacity Building</b>	<b>Mobilise Additional Human/ Technical Resource for HIV/AIDS</b>	<b>Identify Effective Consultants for the Response to HIV/AIDS</b>	<b>Influence New or Existing HIV/AIDS Related Programs or Projects</b>	<b>Facilitate Access to UNAIDS-Geneva or Resources External to the Region</b>	<b>Mobilise Additional Financial Resources for HIV/AIDS</b>
Rating Summary. (Low is positive)	23 x 1 12 x 2 6 x 3 0 x 4	24 x 1 9 x 2 6 x 3 1 x 4	17 x 2 16 x 1 3 x 3 3 x 4	20 x 2 10 x 1 4 x 3 1 x 4	15 x 1 13 x 2 9 x 3 1 x 4	15 x 1 14 x 2 11 x 3 0 x 4	20 x 2 10 x 1 7 x 3 0 x 4	17 x 2 12 x 1 7 x 3 3 x 4	17 x 2 10 x 1 9 x 3 1 x 4	16 x 2 11 x 1 9 x 3 2 x 4	16 x 2 13 x 3 10 x 1 1 x 4	18 x 2 8 x 1 8 x 3 3 x 4	13 x 2 12 x 3 9 x 1 2 x 4	18 x 3 10 x 2 7 x 1 2 x 4
Nbr.Responses Counted:	40	40	39	35	38	40	37	39	37	38	39	37	37	37
Total Points (Low is positive)	64	64	71	66	72	76	71	79	75	78	83	80	82	89
Average: (Total/ Nbr responses Counted.)	1.60	1.60	1.82	1.89	1.90	1.90	1.92	2.03	2.03	2.05	2.13	2.16	2.22	2.41
Ranking (Low is positive)	1	1	2	3	4	4	5	6	6	7	8	9	10	11

# ANNEXES

**Annex A: Evaluation Plan.**

**Annex B: Persons Interviewed.**

**Annex C: List of Documents Reviewed.**

**Annex D: Questionnaire (French and English).**

**Annex E: Breakdown of Questionnaire Recipients.**

## **Annex A: Evaluation Plan.**

### **Plan for an evaluation of the UNAIDS Intercountry Team for West and Central Africa**

#### **BACKGROUND**

##### **UNAIDS Mandate**

As the main advocate for global action on HIV/AIDS, UNAIDS purpose is to lead, strengthen and support an expanded response aimed at preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS and alleviating the impact of the epidemic.

The main focus of UNAIDS is on promoting commitment by governments and strengthening national capacity for an expanded response. UNAIDS performs the following mutually reinforcing roles through its activities at country, inter-country, regional and global levels:

- Harmonising policy development, and strengthening and co-ordinating program planning, monitoring and evaluation;
- Improving knowledge about HIV/AIDS, improving access to knowledge and strengthening technical co-operation in order to advance the global response to the epidemic;
- Using advocacy to build awareness and commitment amongst governments, the media and civil society.

##### **The Role of the Intercountry Teams**

In spite of successful interventions at national level, many issues which influence the spread of the epidemic can be dealt with effectively only regionally or internationally since they involve mobile populations and issues that cross borders such as drug trafficking. In addition, there is a clear value for countries in regional approaches and networking through which experiences are shared that are relevant for their own work. Finally, teams based in a region or subregion are thought to be in a better position to respond to countries' technical support needs and to collaborate with Cosponsors' regional and intercountry entities, than is one central office.

Before the establishment of the Intercountry Teams (ICTs), regional needs assessments were undertaken by the UNAIDS Secretariat and the UNAIDS Cosponsors' representatives. Several missions were organised in order to:

- map available resources for technical collaboration within UNAIDS Cosponsors, bilateral agencies and international NGOs;
- assess needs in countries and at intercountry level;
- identify gaps between needs and available resources with a special emphasis on those gaps that might be covered by UNAIDS.

The expressed needs were categorized as: (1) transborder issues, (2) programmatic issues, (3) program management, and (4) advocacy. These findings were discussed in regional meetings of Cosponsors, where the terms of reference, the composition of the ICTs and the profiles of their members were finalized. Cosponsors, such as UNICEF and the World Bank, committed resources.

The role of the ICTs is to ensure that, through the UN system, countries and UNAIDS and Cosponsor field staff have access to high quality and up-to-date technical advice and support by:

- brokering and providing technical support through the UN system and country program advisers (CPAs);
- identifying and promoting best practices at regional level;
- developing partnerships with regional entities of Cosponsors;
- information networking;
- programs on selected cross-border issues relevant to the region.

There are currently three ICTs in the UNAIDS Secretariat. One team is based in Abidjan, Côte d'Ivoire, and covers west and central Africa. Another is based in Pretoria, South Africa, and covers southern and eastern Africa. A third ICT is based in Bangkok, Thailand, to cover Asian and Pacific countries. Although not a formal Intercountry Team, three intercountry programme advisers (ICPAs) are located in Trinidad and Tobago covering the Caribbean.

During the first biennium, the ICTs were administratively located in the Department of Country Support. In 1998, the ICTs were transferred to the Department of Policy, Strategy and Research as most of their activities relate to that Department's mandate: development of networks, technical support, information systems and best practices.

### **The West and Central Africa Intercountry Team**

The Intercountry Team for West and Central Africa (ICT/WCA) is located in Abidjan in premises provided by the Government of Côte d'Ivoire. The team was established in the last quarter of 1996 and initially consisted of four professional staff with expertise in programme planning and evaluation, prevention, community mobilization, and blood safety and laboratory techniques<sup>31</sup>. In 1998-1999, expertise in the area of information management and support to people living with HIV/AIDS was integrated into the team. The WCA/ICT is also responsible for facilitating the implementation of the West African HIV/AIDS Initiative (WAI), a regional project funded by the World Bank and UNAIDS Secretariat, which promotes action-oriented research and programme development in the areas of migration and sex work, and provides support to networks of people living with HIV/AIDS.

Based on the experience gained in 1997, the WCA/ICT 1998-1999 workplan focused on the following areas:

- Strengthening of partnerships with Cosponsors and other regional programs.
- Development and strengthening of intercountry technical resource networks in strategic planning, migration, refugees and displaced populations, persons living with HIV/AIDS, youth, and sex work.
- Identification and dissemination of best practice in diverse program areas.
- Development of a regional information management system on HIV.

In 1998-99, the ICT built partnerships among the Cosponsors, bilateral agencies and international NGOs working at the sub-regional level through several task forces and joint workplans. Intercountry programs included the development of an initiative for the Great Lakes as well as an initiative on transport routes in the Lake Chad region and one on refugees in Guinea, Sierra Leone and Liberia. In the area of information exchange, several regional consultations were held, e.g., on care, religion and Mother-to-Child Transmission (MTCT). Initiatives on information management included the establishment of an open discussion forum with English/French interaction and closed discussion forums on particular themes.

A general view is that the ICT has been successful in facilitating partnerships, encouraging exchange of information, and developing information management systems. More needs to be done on database management and on best practice development. Experience gained to date also suggests that the ICT should focus more of its efforts on care and counselling, and on countries in war and post-conflict situations. It is felt that the ICT should concentrate on capacity building with an emphasis on making regional institutions key partners in specific areas. In general, the ICT is perceived to have been able to stay within the regional priorities set at the outset, but many expectations have been raised and there is a continuous need to refocus and prioritise so as not to be overwhelmed. To be able to deliver outputs and have an impact the ICT also needs a critical mass of staff. The present level of resources may be sufficient to cover West Africa, but not West Africa as well as Central Africa.

With regard to specific themes, e.g. migration, sex work, local response and refugees, much has been done by the ICT, which should also be reflected in the work of the Secretariat in Geneva on the same themes. On the other hand, with regard to ongoing work, in areas such as strategic planning, and new initiatives coming out of the Secretariat in Geneva, it is perceived by the ICT that it needs to know more about what is going on and needs to be supported in doing its part toward these efforts. It should also be considered whether there can be more sharing of resources between ICT and PSR/Secretariat staff.

The International Partnership against AIDS in Africa is a particular initiative that is changing the context within which the ICT is operating. Another process, which provides a new opportunity for the Intercountry Team, is the formalisation of Cosponsor groupings at sub-regional level, for which the ICT may be able to provide a secretariat function.

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<sup>31</sup> Expertise on blood safety and laboratory techniques is provided through a collaborative arrangement with the WHO Regional Office for Africa until 1999.

## REASONS FOR CONDUCTING AN EVALUATION OF THE WEST AND CENTRAL AFRICA INTERCOUNTRY TEAM

While much of the focus of the work of UNAIDS has been on activities at the global and country levels, a significant amount of support has also been provided to regional and inter-country activities, including those of the West and Central Africa ICT. These efforts require not only ongoing monitoring but also periodic evaluation.

The justifications for conducting an evaluation of the West and Central Africa Inter-country Team at this point include the following:

- The total amount and the time period support has already been provided through the West and Central Africa ICT
- The limited focus to date on evaluation of the activities of the Inter-country Team and the perceived need for an independent assessment of the West and Central Africa ICT
- The type of support provided through the Inter-country Teams in general compared to other ways of achieving the objectives of UNAIDS
- The funding situation, including the status of support from the World Bank and other Cosponsors to activities in the region
- A need to assess the monitoring of and support to the West and Central Africa ICT provided by UNAIDS Secretariat and resources required from UNAIDS Secretariat for these purposes
- Unclear roles and commitment of some partners to the activities of the Inter-country Team, in particular the Theme Groups, CPAs, NPAs and Focal Points
- The appointment of a new Team Leader for the ICT in March 2000

## PURPOSE OF THE EVALUATION

The primary purpose of the evaluation is to assess the *relevance*, *effectiveness* and *efficiency* of the UNAIDS West and Central Africa ICT, and to make recommendations regarding the future direction of the work of the Inter-country Team. The evaluation should deal with the *appropriateness* of the Inter-country Team as an approach used to implement UNAIDS objectives at regional, inter-country and country levels; the *collaboration* with Theme Groups, other organisations and national governments in the planning and implementation of the work of the Inter-country Team; the *geographical coverage* of the Inter-country Team; the *complementarity* of the work of the Inter-country Team with activities of Theme Groups, other organizations and national governments; the *adequacy* of human and financial resources available, their *use* and *utilization* in the implementation of activities, and; as appropriate, the *sustainability* and *impact* of the activities of the Inter-country Team. The evaluation should also assess the role of the UNAIDS Secretariat in the planning, implementation, monitoring and evaluation of the West and Central Africa ICT.<sup>32</sup>

An evaluation of the West and Central Africa ICT should review support to regional activities pre-dating the establishment of UNAIDS as well as support to the region since the establishment of UNAIDS. Funding and administrative arrangements of the Inter-country Team should be reviewed along with the objectives, strategy and the focus of the activities of the Inter-country Team. The context within which the Inter-country Team operates, including the role of the Theme Groups at country level, collaboration with UN system and other partners, including non-governmental organizations, and private sector involvement, should be analyzed.

Specific decisions that may arise from the evaluation relate to the following:

- ❖ the best use of the UNAIDS West and Central Africa ICT to complement other approaches to strengthen the response at country level and add value to other support from UNAIDS;
- ❖ the most effective and efficient distribution of resources for the West and Central Africa ICT;
- ❖ changes that might be needed to improve the use and usefulness of the Inter-country Team, including clarifying the role and securing commitment of partners (such as Theme Groups and the UN system) to maximize the value of the Inter-country Team;
- ❖ the types of information that should be collected in the future for purposes of ongoing monitoring of the relevance, effectiveness and efficiency of the West and Central Africa ICT;
- ❖ future allocation of resources to the West and Central Africa ICT from UNAIDS, the World Bank and other Cosponsors.

The evaluation can be expected to be of particular interest to the management and staff of UNAIDS concerned with the region, including the Inter-Country Technical Advisers, Country Program Advisers, National Program Advisers and Focal Points in the region. The evaluation can also be expected to be of interest to national AIDS program managers, Theme Groups, Cosponsors at the regional and global level, regional and national NGOs and other partners of UNAIDS in the region and at country level. UNAIDS donors and Program Coordinating Board are also expected to be interested in the findings of the evaluation.

While the findings of the evaluation may not be of particular interest to the ultimate beneficiaries of the UNAIDS West and Central Africa ICT, their needs and possible involvement should be considered at all times in designing and carrying out the evaluation.

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<sup>32</sup> It may be too early to demonstrate the impact of the Inter-country Team in terms of the very highest levels of impact to which UNAIDS as a whole aspires to contribute. Indeed because of the minor role that the ICT can be expected to play relative to other factors (UNAIDS and non-UNAIDS related factors) it may never be feasible to separate the impact at those highest levels other than by means of particular examples that come to hand. The evaluation can nevertheless seek examples of situations in which the West and Central Africa ICT has contributed (if only in a minor way) to producing an impact.

## **MAJOR ISSUES TO BE ADDRESSED**

The major issues to be addressed should be derived following a review of relevant documents and discussions with staff and management of the West and Central Africa ICT. The following issues may be examined as part of the evaluation in order to contribute to the various decisions identified above:

1. How successful has the West and Central Africa ICT been in terms of:
  - making its purpose known to and understood by partners and beneficiaries ?
  - reaching its partners and beneficiaries ?
  - being appreciated by its partners and beneficiaries ?
  - contributing to more relevant, effective, efficient, equitable and sustainable responses to HIV/AIDS ?
2. Are some types of support more effective than others? Is the West and Central Africa ICT more effective in relation to some purposes than others (e.g. partnership building versus support to national strategic planning)?
3. What are the primary factors that affect the effectiveness of the West and Central Africa ICT? The following factors, amongst others, will be considered:
  - the processes for identifying, designing, implementing and reviewing activities;
  - the distribution of resources amongst the various kinds of activities;
  - the nature and extent of participation by partners and beneficiaries in the planning and implementation of activities and factors that affect participation, e.g. clarity of roles and responsibilities;
  - clarity of direction with respect to choice of partners and targeting of beneficiaries, purposes of various types of support, types of support, priorities with respect to choice of activities, and
  - strategies used to address the needs of partners and beneficiaries within available resources.
4. To what extent does the West and Central Africa ICT complement and add value to other UNAIDS strategies and activities?
5. Are the current objectives and priorities realistically achievable given available resources including:
  - resource provided by the UNAIDS Secretariat directly and through the Cosponsors, and the deployment of these resources; and
  - other resources and the deployment of those resources?
6. Is the West and Central Africa ICT sustainable with decreased or no funding from the World Bank?
7. Are there lessons that can be learned from the West and Central Africa ICT which are applicable to other regions?

## **SCOPE OF THE EVALUATION**

The scope of the evaluation should include the original terms of reference and objectives of the West and Central Africa ICT as well as any modifications subsequently adopted. For the purpose of the evaluation, the target groups of the West and Central Africa ICT from which information will be collected are categorised as follows:

Partners and beneficiaries at country level

- Theme groups
- UNAIDS CPAs, NPAs, Focal Points
- National AIDS program managers and staff

Partners and beneficiaries at regional level

- Cosponsors
- Other intergovernmental organizations
- Bilateral donors
- Non-governmental organizations

Information should also be collected from the Intercountry staff as well as UNAIDS management and staff at Secretariat. Given the resources and time available for the evaluation, it will be necessary to concentrate the data gathering on partners and direct beneficiaries of the West and Central Africa ICT, rather than secondary partners and beneficiaries which include provincial and district level staff, leaders and officials in the field of health, universities and research institutions, local non-governmental organizations, and the private sector.

## **EVALUATION DESIGN AND SAMPLING**

The evaluation design will determine the types of comparisons that will be used to describe, interpret and judge the findings. The primary comparisons will be amongst types of activities of the West and Central Africa ICT, and comparisons of the relative importance of reasons that relate to a) UNAIDS itself and b) other factors beyond the influence of UNAIDS. To the extent possible, the evaluation should consider other ways and costs of achieving the objectives of the Intercountry Team using other modalities. It may not be advisable to make specific comparisons with activities in other regions as part of the evaluation, but the evaluation can be expected to contribute to discussions on the work of UNAIDS in other regions.

Reviews or assessments of specific activities of the Intercountry Team which have been carried out should be considered as part of the evaluation. Records and monitoring information kept by the Intercountry Team should also be analyzed. In addition, first hand information should be collected from beneficiaries and partners at regional, country and Secretariat levels.

Sampling options need to be developed to be able to collect information from a representative number of partners and beneficiaries. While information should be collected from partners and beneficiaries, cost considerations may prohibit a collection of data from a large number of beneficiaries through interviews.

## **SOURCES AND METHODS OF DATA COLLECTION**

The following sources of information are proposed to be used in the evaluation:

Reports: Progress reports and reviews of activities carried out by the Intercountry Team prepared by the team itself and Geneva-based staff.

Administrative records: These will be used to provide data concerning such aspects as resources spent on various kinds of ICT activities, communication with partners, number of requests for support received, requests met and time to meet requests. Extraction of such information can go hand in hand with interviews with Secretariat staff of UNAIDS involved with the Intercountry Team.

Face-to-face and telephone interviews: Face-to-face or telephone interviews with a range of different partners and beneficiaries of the West and Central Africa ICT can be used following a structured format, but these should also allow for qualitative responses, comments, and examples of impact of the Intercountry Team. Face-to-face interviews will also need to be conducted with selected UNAIDS Secretariat staff and management concerning the process of setting and agreeing on priorities for UNAIDS regional activities, developing workplans, reviewing progress made and, more generally, how the West and Central Africa ICT relates to the work of UNAIDS as a whole.

Surveys: An alternative to interviews is to use a mail or email survey. However, in view of difficulties associated with obtaining a sufficiently high response rate using a survey, it may not be advisable to rely entirely on a survey without at least some face-to-face and telephone interviews as well.

Although the evaluation may not be able to focus in-depth on the beneficiaries of the West and Central Africa ICT, information from these sources should be collected as and when possible in connection with country visits for face-to-face interviews.

## **MANAGEMENT OF THE EVALUATION**

It is proposed that the Associate Director in PSR responsible for the Intercountry Teams have the ultimate responsibility for the evaluation, and he be supported by the UNAIDS monitoring and evaluation team in carrying out the evaluation. The views of the Directors of PSR and CPP and other UNAIDS senior staff should be sought on the evaluation plan, and relevant Cosponsors should have an opportunity to comment on the evaluation.

It is proposed that the field testing and revision of the data collection instruments as well as the data collection and the analysis of data be conducted by one or two external consultants recruited specifically for this purpose. The consultant(s) should also undertake the preparation of the draft report. Comments on the draft report should be incorporated by the consultant(s) into a final draft report which includes an executive summary. The assignment of the consultant(s) could also include summarizing the key points of the evaluation in 10-15 overhead transparencies. The identification of follow up required from the Secretariat should be done by UNAIDS Secretariat.

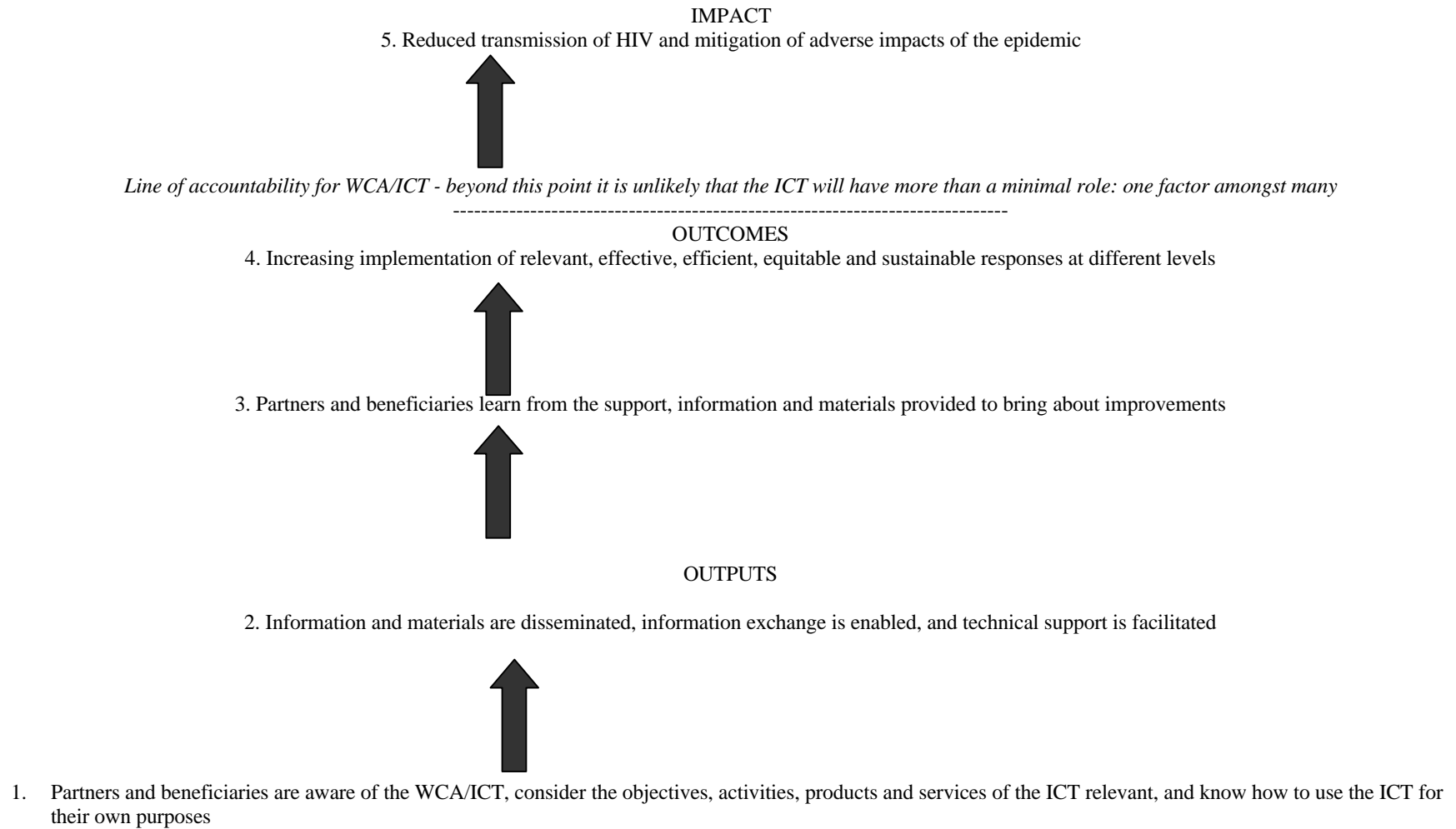
### **Checklist for Carrying out the Evaluation**

- ☐ Review of draft plan for the evaluation
- ☐ Adjusting the plan based on comments received

- ☐ Preparation of draft data collection instrument(s)
- ☐ Identification of external consultant(s)
- ☐ Calculation of exact costs involved for the evaluation
- ☐ Recruitment of external consultant(s)
- ☐ Selection of countries to be visited as part of the evaluation
- ☐ Translation of data collection instrument(s), if necessary
- ☐ Briefing of consultant(s)
- ☐ Piloting and revision of data collection instrument(s)
- ☐ Selection of respondents
- ☐ Photocopying of data collection instrument(s)
- ☐ Scheduling of interviews
- ☐ Interviews with a sample of partners
- ☐ Conducting survey(s)
- ☐ Analysis of data from administrative records
- ☐ Analysis of interview data
- ☐ Analysis of data from UNAIDS staff interviews
- ☐ Analysis of survey data
- ☐ Preparation of draft report
- ☐ Preparation of executive summary
- ☐ Preparation of key points for overhead transparencies
- ☐ Review of the draft report by UNAIDS and relevant partners
- ☐ Incorporation of comments as needed
- ☐ Formulation of recommendations
- ☐ Finalization of report
- ☐ Dissemination of report



### A Theoretical Hierarchy of Intended Results of the WCA/ICT



## **Annex B: Persons Interviewed.**

### **PERSONS INTERVIEWED.**

#### **In the Ivory Coast.**

##### United Nations System – Ivory Coast

##### Met Individually.

Mme Jocelline Bazile-Finley, Coordinatrice Residente des Nations Unies et Représentante Residente du PNUD  
Dr. Mamoudou Diallo, Conseiller du Programme Pays, ONUSIDA

##### Meeting with the UNAIDS Theme Group.

Mme Lucette de Andrade-Diawara, Resident Representative, UNESCO and Chair, UNAIDS Theme Group  
Mme Jocelline Bazile-Finley, Coordinatrice Residente des Nations Unies et Représentante Residente du PNUD  
Dr. Coulibaly Adama, OMS  
Dr. Eric Laroche, UNICEF-CI  
Mme Bema, PAM  
M. Amadou Moustapha Kamara, FAO  
M. Marc Fillieux, OIT  
Dr. Mamoudou Diallo, ONUSIDA-CI  
Dr. Nicole Boni-Kouassi, ONUSIDA-CI

##### United Nations System - Regional.

Dr. El Abassi Abdel Wahed, Conseiller Regional Sante, UNICEF  
Mr. Marc Fillieux, Programme Officer, ILO Regional Office

##### UNAIDS

##### *Inter-Country Team for West and Central Africa.*

Dr. Pierre M'pele, Chef d'Equipe  
Dr. Sakho Mamadou Lamine, Conseiller Regional  
Mr. Octave Moupala, Responsable Programme  
M. Sahlou Marcos, Gestion de l'Information  
M. Yafflo W. Ouattara, Modérateur des Réseaux  
M. Gnampé Benin Augustin, Assistant Administratif et Financier  
Mme. Aminata Kone, Assistante Administrative  
Mlle Talata Ouedraogo, Secrétaire Bilingue  
Mme Omolorade Meneka, Secrétaire  
M. Makan Konate, Chauffeur

##### Regional Organizations (Non-UN).

##### *African Development Bank*

Ms. Almaz Amine, Principal Social Sector Expert, Central Operations Dept, (HCV/ACDS Task Force)

##### Centre de Coopération Internationale de Santé et Développement Inc., Projet "Appui à la lutte contre le SIDA en Afrique de l'Ouest (ACDI).

Dr. Petit-Jean Zerbo, Coordinateur National  
Dr. Alassane Kone, Coordinateur National Adjoint

FHA - Family Health and Aids – in West and Central Africa.

Ms. Claudia Vondrasek, Chief of Party, IEC

RAP +.

Mme M'Boa Leiliane Monet, Representante du RAP – Afrique de l'Ouest

National Government.

Dr. Kassim Sidibe, Directeur Executif, Program National de Lutte Contre le Sida, les MST et la Tuberculose.

Dr. Coulibaly Issa Jalicu, Ministere de la Sante – Ancien Directeur Executif, Program National de Lutte Contre le Sida, les MST et la Tuberculose.

**In Burkina Faso.**

United Nations System – Burkina Faso.

M. Christian Lemaire, Coordinnateur Resident des Nations Unies et Representant Resident du PNUD

Mme Agniola Zinsou, Representante du FNUAP

Dr. Flavia Guidetti, Administrateur Programme Santé, UNICEF

Dr. Azara Bamba, Administrateur National, Santé de la famille, de la communauté et de la Population, OMS

Dr. Kekoura Kourouma, Conseiller de Programme Interpays ONUSIDA (Burkina Faso, Niger, Mali)

Regional Organizations (Non-UN).

*Centre de Coopération Internationale en Santé et Développement Inc. (CCISD)*

M. Pierre Champagne, Représentant régional

*Santé Familiale et Prévention du Sida – Projet Régional pour l'Afrique de l'Ouest et Centrale (SFPS/AOC)*

M. Youssouf Ouedraogo, Conseiller Technique Résident, Bureau de Burkina Faso

*Institut PanAfricain pour le Development – Afrique de l'Ouest/Sahel*

M. Matthias Cora Batabe, Directeur, P.I.,

National Government.

Dr. Alahassan S. Seye, Secetaire Permanent du Comite National de Lutte contre le Sida et les infections sexuellement transmissibles.

National NGO

*Initiative Privée et Communautaire contre le VIH/SIDA Burkina Faso (IPC)*

Mme. Marie-Rose Sawadogo, Directrice Exécutive

**At UNAIDS-Geneva**

Department of Policy Strategy and Research (PSR)

Mr. Robert Hecht, Associate Director

Dr. Werasit Sitterai, Associate Director

Dr. Jean-Louis Lamboray, Senior Advisor to the Director (*interviewed by phone*)

Dr. Soji Adeyi, Technical Resource Networks (*in a group meeting to review pre-draft report*)

Ms. Iris Semini, Focal Point Intercountry Teams

Ms. Marthe Mpendubundi, former Focal Point for the Intercountry Teams, (until end May 2000)

Care and Support Team.

Dr. Joseph Perriens, Team Leader

Prevention Team.

Dr. Michel Caraël, Team Leader (*interviewed by phone*)

Department of Country Planning and Program (CPP)

Ms. Gunilla Ernberg, Coordinator, Management

Africa and Middle East.

Dr. Meskerem Grunitsky-Bekele, Assistant Director and Manager, International Partnership Against AIDS  
(Team Leader, ICT/WCA 1996-1999)

Program Development and Coordination Group (PDC)

Evaluation and Monitoring

Mr. Joel Renhstrom, Evaluation and Monitoring Adviser

Ms. Nicole Massoud, Evaluation and Monitoring Officer

**In Egypt**

Mr. Oussama Tawil, Inter-Country Programme Adviser, and former member ICT/WCA (*interviewed by phone*)

## **Annex C: Main Documents Consulted.**

### **ICT/WCA Feasibility, Work Plans and Annual Reports.**

Rapport de Mission, Mission de faisabilité pour la mise en place d'une équipe interpays d'appui technique de l'ONUSIDA pour l'Afrique de l'Ouest et Centrale, Mai-Juin 1996

Equipe Interpays de l'ONUSIDA pour l'Afrique de l'Ouest et Centrale, Plan d'Action 1997 - Prepared by ICT/WCA.

Summary of Activities of the UNAIDS Intercountry Team for West and Central Africa, October 1996-December 1997 – Report prepared by the ICT/WCA.

UNAIDS Programme Management Workplan (1998-1999) – Sections concerning and prepared by the ICT/WCA.

Resumé des Principales Activités de l'Equipe Interpays de l'ONUSIDA pour l'Afrique de l'Ouest et du Centre 1998 – Report prepared by the ICT/WCA.

Rapport des Activités 1999 – Report prepared by the ICT/WCA.

UNAIDS Budget Proposal and Work Plan 2000-2001 (May 2000) – Sections concerning, and prepared by the ICT/WCA.

Dix Produits de l'Equipe Interpays, Aout 2000 – Summary paper prepared by the ICT/WCA.

Evolution stratégique de l'EIP/AOC – Summary paper prepared by the ICT/WCA (Spring 2000)

Strategic Vision 2000-2001 – Summary diagram prepared by the ICT/WCA (Spring 2000)

### **Other ICT/WCA Documents.**

UNAIDS/ICT Retreat for West and Central Africa (Abidjan, 27-28 March 2000)

### **ICT/WCA Publications.**

West African Initiative (WAI) for a Response to the HIV/AIDS Pandemic (Booklet), Abidjan 1998

### **UNAIDS Documents.**

Report on the Global HIV/AIDS Epidemic June 2000, Joint United Nations Programme on HIV/AIDS (UNAIDS) 2000.

### **Other.**

Human Development Index, UNDP Human Development Report 2000. – pertinent pages downloaded from UNDP Website

## **Also considered:**

### **ICT/WCA Technical Publications.**

- 1 - Guide d'analyse de la situation dans le contexte de la prostitution en Afrique de l'Ouest
- 2 – Initiative Ouest Africaine pour une réponse à l'épidémie du VIH/SIDA
  - Atelier de l'Alliance Internationale des Religieux pour une réponse au VIH/SIDA
- 3 – Initiative Ouest Africaine pour une réponse à l'épidémie du VIH/SIDA
  - Résultats de recherche – action « Projet Migration et SIDA » Burkina Faso
  - Résultats de recherche – action « Projet Migration et SIDA » Côte d'Ivoire
  - Résultats de recherche – action « Projet Migration et SIDA » Mali

- Résultats de recherche – action « Projet Migration et SIDA » Niger
  - Résultats de recherche – action « Projet Migration et SIDA » Sénégal
  - Résultats de recherche – action « Projet Migration et SIDA » Burkina Faso, Côte d'Ivoire, Mali, Niger, Sénégal (Document de synthèse)
- 4 - Résumé des principales activités de l'Equipe Inter-pays de l'ONUSIDA pour l'Afrique de l'Ouest et du Centre 1998
- 5 – Atelier régional sur les réponses communautaires à l'épidémie du VIH/SIDA en Afrique de l'Ouest et du Centre
- 6 – Prise en charge des personnes vivant avec le VIH en Afrique de l'Ouest et du Centre (Atelier régional de concertation)
- 7 – Atelier régional sur le processus de planification stratégique (PPS)
- 8 – Initiative Ouest Africaine pour une réponse à l'épidémie du VIH/SIDA
- Méthodologie de recherche – action « Projet Migration et SIDA » Burkina Faso, Côte d'Ivoire, Mali, Niger, Sénégal

**Annex D: Questionnaire (French and English).**

**EVALUATION DE L'EQUIPE INTER-PAYS DE L'ONUSIDA POUR  
L'AFRIQUE DE L'OUEST ET DU CENTRE<sup>33</sup>  
Questionnaire**

**Nom:** **Organisation :**  
**Titre/Fonction :** **Depuis (date) :**

**Tél:** **Fax :** **E-mail:**

**Mandat original et objectifs de l'Equipe Inter-Pays ONUSIDA 1997-99 :**

Veuillez trouver ci-dessous le mandat original et les objectifs de l'Equipe Inter-Pays de l'ONUSIDA pour l'Afrique de l'Ouest et du Centre. A votre avis, quelle est la pertinence de chacun de ces objectifs par rapport aux besoins des pays de la région ?

Notez chaque objectif selon l'échelle suivante :

1/ Très pertinent   2/ Pertinent   3/ Peu pertinent   4/ Pas du tout pertinent

- Apporter un soutien technique à travers le développement et le renforcement des réseaux de ressources techniques
- Identification et diffusion des meilleures pratiques
- Renforcement du partenariat avec les co-sponsors et les autres partenaires
- Développement d'un échange régional d'information sur le VIH/SIDA
- Mobilisation de ressources additionnelles en faveur de la lutte contre le SIDA

Trouvez-vous qu'il y a des chevauchements entre le mandat et les objectifs de l'Equipe Inter-pays de l'ONUSIDA et de ceux des autres programmes ou organisations travaillant soit au niveau national soit au niveau régional/sous-régional ?

Indiquez votre opinion selon l'échelle suivante :

1/ Aucun chevauchement   2/ Peu de chevauchements  
3/ Quelques chevauchements   4/ De nombreux chevauchements

- Au niveau national
- Au niveau régional/sous-régional

**DOMAINES PRIORITAIRES DE L'EQUIPE INTER-PAYS DE L'ONUSIDA 1997-99**

Les domaines prioritaires de l'Equipe Inter-pays sont indiqués ci-dessous. A votre avis quelle est l'importance de ces domaines prioritaires par rapport aux besoins de la région ?

Notez chaque domaine prioritaire selon l'échelle suivante :

1/ Très pertinent   2/ Pertinent   3/ Peu pertinent   4/ Pas du tout pertinent

- Aspects transfrontaliers (commerce, migration, populations mobiles)
- Prostitution
- Planification stratégique
- Personnes vivant avec le VIH/SIDA
- Soins et conseils
- Réponse locale
- Jeunes

<sup>33</sup> La région géographique couverte par l'Equipe Inter-pays comprend les pays suivants: **Afrique du Nord** – Algérie, Maroc, Tunisie; **Afrique de l'Ouest**- Mauritanie, Sénégal, Guinée, Guinée Bissau, Sierra Leone, Liberia, Côte d'Ivoire, Ghana, Togo, Benin, Mali, Niger, Nigéria, Cap Vert, Burkina Faso, Gambie (à partir de 2000); **Centre Afrique** - Chad, République Centre Africaine, Congo, République Démocratique du Congo, Sao Tome, Cameroun, Gabon, Guinée Equatoriale et à partir de 2000 - Rwanda, Burundi.

- ☐ Transmission mère-enfant du VIH-SIDA
- ☐ Allègement de la dette et réduction de la pauvreté (domaine prioritaire ajouté en 2000)
- ☐ Situations de conflits et post-conflits (domaine prioritaire ajouté en 2000)

Jusqu'à quel point les domaines prioritaires de l'Equipe Inter-pays de l'ONUSIDA chevauchent-ils ceux des autres programmes ou organismes travaillant soit au niveau national soit au niveau régional/sous-régional ?

Indiquez votre opinion selon l'échelle suivante :

- 1/ Aucun chevauchement    2/ Peu de chevauchements  
 3/ Quelques chevauchements    4/ De nombreux chevauchements

- ☐ Au niveau national  
☐ Au niveau régional/sous-régional

Utilité spécifique de l'Equipe Inter-pays L'ONUSIDA 1997-1999.

A votre avis, dans quel sens l'Equipe Inter-pays de l'ONUSIDA a-t-elle été utile ?

Classer votre choix selon l'échelle suivante :

- 1/ Très utile    2/ Utile    3/ Peu d'utilité    4/ Sans utilité

- ☐ en influençant des politiques, des plans ou des stratégies soit nouveaux soit déjà mis en œuvre.
- ☐ en influençant des programmes ou des projets soit nouveaux soit déjà mis en œuvre
- ☐ par la mise en valeur ou en faisant mieux connaître des politiques, des plans, des stratégies, des programmes ou des projets soit nouveaux, soit déjà mis en œuvre.
- ☐ en contribuant à une meilleure connaissance de la problématique VIH/SIDA
- ☐ en mobilisant des ressources financières supplémentaires
- ☐ en mobilisant des ressources humaines/techniques supplémentaires
- ☐ par le plaidoyer pour une réponse plus large
- ☐ en identifiant de nouveaux partenaires
- ☐ en facilitant la collaboration et la mise en réseau
- ☐ en améliorant la coordination entre les activités et les acteurs régionaux
- ☐ en identifiant des consultants efficaces
- ☐ en facilitant l'accès à l'ONUSIDA Genève et autres ressources externes à la région
- ☐ en contribuant au renforcement des capacités
- ☐ en facilitant les échanges d'informations et d'expériences
- ☐ autres réponses (précisez svp) :

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Suggestions pour l'avenir.

f. A l'avenir, dans quels domaines prioritaires suggérez-vous que l'Equipe Inter-pays de l'ONUSIDA intervienne, et par quels moyens ou par quels processus ? Merci de votre participation à cette évaluation.

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Le cas échéant, vos commentaires supplémentaires.



g. Prière d'ajouter – au besoin en utilisant une autre page - tout commentaire supplémentaire que vous jugerez utile concernant l'Equipe Inter-pays de l'ONUSIDA ou l'évaluation elle-même. :

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Une fois complété, veuillez renvoyer le questionnaire à Giles Whitcomb, le consultant retenu par l'ONUSIDA. ou à Mme. Iris Semini, Point Focal pour les Equipes Interpays, ONUSIDA/ Genève. Merci de votre participation à cette évaluation.

Email: [GilesWhitcomb@compuserve.com](mailto:GilesWhitcomb@compuserve.com)  
Fax: 1-617- 497 5450  
Poste: 171 Raymond Street, Cambridge MA 02140-3314, USA  
Tél.: 1-617- 441 9840

**EVALUATION OF UNAIDS INTERCOUNTRY TEAM  
FOR WEST AND CENTRAL AFRICA<sup>34</sup>  
Questionnaire**

**Name:** \_\_\_\_\_ **Organization:** \_\_\_\_\_  
**Title/Function:** \_\_\_\_\_ **Since:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Original Mandate and Objectives of the UNAIDS Intercountry Team 1997-99:**

- a. Given below are the original mandate and objectives of the UNAIDS Intercountry Team for West and Central Africa. In your opinion, how relevant are the original mandate and objectives to the needs of the region?

Please rank the objectives using the following number scale:

1/ Very relevant    2/ Relevant    3/ Not very relevant    4/ Irrelevant

- / Providing technical support through the development and strengthening of technical resource networks  
  / Identification and dissemination of best practices  
  / Strengthening of partnerships with Cosponsors and other partners  
  / Development of a regional information exchange on HIV/AIDS  
  / Mobilisation of additional resources for HIV/AIDS

- b. Do you find any overlap between the mandate and objectives of the UNAIDS Intercountry Team and those of other programmes and organizations working at country level or at regional/subregional level?

Please assess the issue of overlap using the following number scale:

1/ No overlap at all    2/ Not much overlap    3/ Some overlap    4/ Considerable overlap

- / At Country Level  
  / At Regional/Sub-Regional Level

**Focus areas of UNAIDS Intercountry Team 1997-99**

- c. The focus areas of the UNAIDS Intercountry Team are given below. In your opinion, how relevant are they to the needs of the region?

Please rank the importance of the focus areas using the following number scale:

1/ Very relevant    2/ Relevant    3/ Not very relevant    4/ Irrelevant

- / Transborder issues (trade, migration, mobile populations)  
  / Sex work  
  / Strategic planning  
  / People living with AIDS  
  / Care and counselling

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<sup>34</sup> The geographical region of the Inter-country Team is comprised of the following countries: **North Africa** – Algeria, Morocco, Tunisia; **West Africa**- Mauritania, Senegal, Guinea, Guinea Bissau, Sierra Leone, Liberia, Ivory Coast, Ghana, Togo, Benin, Mali, Niger, Nigeria, Cape Verde, Burkina Faso, Gambia (as of 2000); **Central Africa** - Chad, Central African Republic, Congo, Democratic Republic of the Congo, Sao Tome, Cameroon, Gabon, Equatorial Guinea and as of 2000, Rwanda, Burundi.

- ☐ Local response
- ☐ Youth
- ☐ Mother-to-child transmission
- ☐ Debt relief and poverty reduction (additional focus area as of 2000)
- ☐ Conflict and post-conflict situations (additional focus area as of 2000)

- d. To what extent do the focus areas of the UNAIDS Intercountry Team complement or duplicate those of other programmes or organizations working at country level or at regional/subregional level?

Please assess the overlap of the focus areas using the following number scale:

1/ No overlap at all    2/ Not much overlap    3/ Some overlap    4/ Considerable overlap

- ☐ At Country Level
- ☐ At Regional/Sub-Regional Level

**Specific Usefulness of the UNAIDS Intercountry Team.**

- e. In your opinion, in what ways has the UNAIDS Intercountry Team been especially useful?

Please indicate your opinion using the following number scale:

1/ Very useful    2/ Useful    3/ Somewhat useful    4/ Not useful

- ☐ Influencing new or existing HIV/AIDS related policies, plans or strategies
- ☐ Influencing new or existing HIV/AIDS related programmes or projects
- ☐ Validating or making better known new or existing policies, plans, strategies, programs or projects.
- ☐ Increasing knowledge and understanding about matters related to HIV/AIDS
- ☐ Mobilizing additional financial resources for HIV/AIDS
- ☐ Mobilizing additional human/technical resources for HIV/AIDS
- ☐ Advocating an expanded response to HIV/AIDS
- ☐ Identifying new partners in the response to HIV/AIDS
- ☐ Facilitating collaboration and networking
- ☐ Improving coordination between regional actors and activities
- ☐ Identifying effective consultants for the response to HIV/AIDS
- ☐ Providing/facilitating access to UNAIDS-Geneva or resources external to the region
- ☐ Contributing to capacity building
- ☐ Facilitating information exchange
- ☐ In other ways (please specify) \_\_\_\_\_/

**Suggestions for the Future.**

- f. In the future, which areas would you recommend that the UNAIDS Intercountry Team focus on, and by what means or process:

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**Any Additional Comments.**

- g. On a separate page if necessary, please provide any additional comments that you would like to make regarding the UNAIDS Intercountry Team, or the evaluation, before sending the questionnaire to Giles Whitcomb, the consultant engaged by UNAIDS for the evaluation:

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Email: [GilesWhitcomb@compuserve.com](mailto:GilesWhitcomb@compuserve.com)  
Fax: 1-617- 497 5450  
Postal: 171 Raymond Street, Cambridge MA 02140-3314, U.S.A.  
Phone: 1-617- 441 9840

Thank you very much for participating in the evaluation.

**Annex E: Breakdown of Questionnaire Respondents.**

RESPONDENTS TO QUESTIONNAIRE BY LOCATION F= Francophone Country. E= Anglophone Country.	THEME GROUP CHAIR	CPA, NCPA, UNAIDS FP	NAP	NATIONAL NGO	REGIONAL UN	REGIONAL NON-UN	COLLABORATING CTR.	UNAIDS HQTRS STAFF AND FORMER STAFF	FORMER ICT/WCA STAFF	OTHER
<b><u>RESPONDENTS IN NORTH AFRICA</u></b>										
ALGERIA (F)	1		1							
<b><u>RESPONDENTS IN WESTERN AFRICA</u></b>										
BENIN (F)		(covered by Togo)								
BURKINA FASO (F)	1	1 (also covers Niger)		1		3	1			
GHANA (E)			1			1				
GUINEA (F)	1		1							
IVORY COAST (F)	1	1	1		3	3				
MAURITANIA (F)			1							
MALI (F)			1							
NIGER (F)	1	(covered by Burkina Faso.)								
SENEGAL (F)	1									
TOGO (F)		1	1							
<b><u>COUNTRY RESPONDENTS – CENTRAL AFRICA</u></b>										
BURUNDI (as of 2000) (F)		1 (FP)	1							
CAMEROON (F)		1								

RESPONDENTS TO QUESTIONNAIRE BY LOCATION F= Francophone Country. E= Anglophone Country.	THEME GROUP CHAIR	CPA, NCPA, UNAIDS FP	NAP	NATIONAL NGO	REGIONAL UN	REGIONAL NON-UN	COLLABORATING CTR.	UNAIDS HQTRS STAFF AND FORMER STAFF	FORMER ICT/WCA STAFF	OTHER
CENTRAL AFRICAN REPUBLIC (F)	1									
CHAD (F)	1									
GABON (F)			1							
RWANDA (F)		1								
<u>RESPONDENTS AT UNAIDS-GENEVA</u>								2	1	
<u>RESPONDENTS ELSEWHERE</u>								1	1	1 (anonymous)
TOTALS (41)	8	6	8	2	3	7	1	3	1	1